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WELFARE in REVIEW

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Poverty in Historical Perspective
From Colonial Times to 1860

Intramural Research in the Social and Rehabilitation Service

1967 Index of Subjects and Authors

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Volume 5 Number 9

NOVEMBER-DECEMBER

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Perspectives in Public Welfare: COLONIAL TIMES TO 1860

Part I: Eligibility and Almshouse Care

BLANCHE D. COLL*

This is the second in a series of articles which trace and analyze the historical background of public assistance in the United States. The first article in this series reviewed the English background, covering the period from the high Middle Ages to the "reform" of the Elizabethan Poor Law in 1834.[1] It was pointed out that from the high Middle Ages to the middle of the 19th Century--when the Poor Law was "reformed"--the English people exhibited a marked change in attitude toward poverty and dependency. Although the Medieval canonists (lawyers) earmarked categories of persons as the most "worthy" recipients of poor relief, in the final analysis, evidence of need overrode all other considerations. There was, furthermore, the common assumption that generally speaking need arose as a result of misfortune for which society, in an act of justice, must assume responsibility. The individual's right to assistance was early and firmly established.

The Elizabethan Poor Law of 1601, written with an eye toward preserving order in case of economic crisis, endorsed this right as an ultimate charge upon the secular authority. Separating the destitute from the criminal, this Old Poor Law acknowledged the presence of involuntary unemployment. Particularly when set in the context of its time, the Elizabethan Poor Law was notable for its breadth and permissiveness.

It was late in the 17th Century when the pursuit of wealth became a moral virtue that dependency became a vice. Even so, the evidence shows a tendency to adopt a humane stance. Thus, because it was deliberately not enforced, the Law of Settlement and Removal of 1662 caused much less distress than it might have. And while arguments favoring workhouses persisted, relief at home remained the most common means of providing for the poor.

It would seem, indeed, that this very humaneness, which undoubtedly led to an increase in the per capita poor rates, aroused the "reformers" of 1834 to recommend the passage of what became the extremely punitive "New Poor Law". Their implication that the able-bodied, brought to destitution by individual fault, made up the vast majority of dependents was no less influential for its being erroneous. In great measure such conclusions reflected a set of mind which, by ignoring the facts of the industrial revolution, justified the insecurities created by it.

A review of earlier poor relief policies and practices seems appropriate as a means of arriving at a clearer understanding of how we came to be where we are. Such understanding should help to define our strengths and our weaknesses in the current pursuit of measures to advance economic and social well-being.

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For citations and bibliography see end of article.

Part II, covering home relief, unemployment relief, "causes" of poverty and the role of voluntary agencies will appear in a forthcoming issue of Welfare in Review. Further study of the period following the Civil War to approximately 1930 is under way.

Public provision for aid to the poor established by Colonial and later State law was modeled on the Elizabethan statute of 1601. This may seem an extraordinary step to have been taken by a country that possessed the almost unlimited economic opportunities existing in the American colonies and the new nation. Rather, it might be expected that voluntary charity alone would have provided what little assistance was needed. One explanation for this apparent paradox may be that there were greater numbers of dependent persons and less wealth than is generally believed. It may also be that we sometimes erroneously jump to the conclusion that the private sector of society rather than the public sector has been the innovator of charitable programs.* In all probability, however, the public poor laws, modeled on the Elizabethan statute of 1601, appeared on the law books of America as a simple copying of the ways of handling economic dependency in England. So close were the ties to the mother country and the following of English law and custom that it doubtless would not have occurred to Americans to approach the matter differently.

In any event, the adoption of the Elizabethan Poor Law and of the later English Law of Settlement and Removal of 1662 by colonial legislatures and then by the newly created States is a matter of prime importance in the history of American provision for the indigent. It is, perhaps, not so extraordinary that these means were adopted as it is that so many of the attitudes that inspired this legislation and so much of the policy employed in its administration persist to the present.

*The private or voluntary sector has been the more innovative at certain and, by and large, more recent stages of our history. But this generalization does not hold until at least the 1850's when the Associations for Improving the Condition of the Poor began to make their influence felt.

This is not to deny that changes have taken place both in attitudes and in policies. Quite the contrary. Moreover, private agencies have subsequently had a significant impact upon public assistance programs, goals, principles and legislation. Although a number of changes in public assistance programs and legislation have occurred over the years, such changes have not been on a scale commensurate with the more fundamental shifts in the economic and social structure of contemporary life in the United States.

American Poor Laws

In adopting the English poor laws, colonial Americans established, first of all, a presumed right to assistance on the part of the needy person. The word "presumed" is used advisedly because these laws did not approach poor relief from the point of view of the applicant but rather imposed upon secular administrators a duty to the public to provide for the indigent. Thus a classic judicial decision held that an indigent man had no case when he sued the overseers of the poor for relief in civil court; rather the town might bring suit for criminal negligence on the part of the overseers in the performance of their obligations. Nevertheless, the "right" to public assistance has always been acknowledged to be more unconditional than that which might be bestowed through private, benevolent charities. As the following discussion will indicate, the United States has an unbroken tradition of public responsibility for the care of the destitute.

Residence Requirements

The United States also has an unbroken tradition of requiring establishment of legal residence in a particular geographic locality as a prerequisite of eligibility for aid. The base of settlement has been deemed the town or municipality or, in the South and West, the county. Residence

requirements were defended on the ground that to qualify for assistance the person in need should have contributed something in the past either by way of labor or taxes to the exact place whence his relief would issue. Conditions for establishing residence have varied. Most early laws included property qualifications as well as prescribed length of stay in a particular locality, a far from surprising requirement in view of the fact that the right to vote was also limited in this way. Thus the 1836 law of Pennsylvania provided that a $10 leaseholder residing in a specific place for one year might attain settlement that would entitle him to relief if in need. The more liberal New York law of 1827 merely required a year's residence in a particular locality within the State, and thus waived property requirements.

To further protect their communities from having to support persons without means, early laws also provided for "warning out" newcomers--that is town officials would urge those who seemed likely to become public charges to move on, and, in any case, would caution them against expecting financial assistance if they failed to follow this advice. Although apparently seldom invoked, this extreme of legal limitation illustrates the great anxiety on the part of localities to keep the poor tax at a minimum.

Much more commonly invoked than "warning out" was the practice of "passing on" the indigent back in the direction of his place of legal settlement. Such persons were escorted by the constable of one town on to the next and so on until presumably they arrived at the locality which would assume responsibility for them. Almost 1,800 persons, half of them women and children, were removed from one part of New York State to another in the year 1822 because of this policy.

Through the years a great deal of time as well as money has been spent litigating the question of which locality was responsible for the care of given dependents. In 1822, New York State spent $13,500 for court appeals, a sum that was estimated would have provided institutional care for 450 persons for a year.*[2] Total funds spend on litigation, plus fees to constables and other officials for removals, amounted to nearly one-ninth of the total relief monies in the State that year. In the first decade of the 19th Century, a small town in New Hampshire spent $1,197 for relief while lawsuits accounted for $517.

The Federal Government's Hands-Off Policy

Until the Great Depression of the 1930's either the township, the county, the State, or a combination of these governmental units provided funds to support the destitute. All hope that the Federal government might contribute a share was dashed in 1854 when President Franklin Pierce, an heir of Andrew Jackson and thus an opponent of Federal aid to the States, wrote a stinging veto of a bill providing Federal land grants to States to help finance the care of the insane. This measure had been sparked by Dorothea Dix, the great friend of the mentally ill and agitator for their humane care. Pierce wrote:

> "Can it be controverted that the great mass of the business of Government that involved...the relief of the needy, or otherwise unfortunate members of society, did, in practice, remain with the States; that none of these objects of local concern are, by the Constitution, expressly or impliedly prohibited to the States, and that none of them are, by any express language of the Constitution, transferred to the United States? Can it be claimed that any of these functions of local administration and legislation

*The amounts claimed to have been spent on relieving the indigent seem to be out of line. In 1850, according to Flick, History of the State of New York, Vol. VI, p. 355, New York State spent $11.64 per pauper on almshouse care. Figures given by John V. N. Yates suggest that in 1822, New York State was spending $30 per pauper on almshouse care. I am investigating further and would welcome any suggestions as to the reason for this apparent discrepancy.

are vested in the Federal Government by any implication?...

In my judgment you cannot, by tributes to humanity, make any adequate compensation for the wrong you would inflict by removing the sources of power and political action from those who are to be thereby affected....

If the several States, many of which have already laid the foundation of munificent establishments of local beneficence, and nearly all of which are proceeding to establish them, shall be led to suppose, as they will be, should this bill become a law, that Congress is to make provision for such objects, the fountains of charity will be dried up at home, and the several States, instead of bestowing their own means on the social wants of their own people, may themselves, through the strong temptation, which appeals to States as to individuals, become humble suppliants for the bounty of the Federal Government, reversing their true relation to this Union."[3]

Responsibility of Relatives

The poor laws commonly required that the financial resources of certain relatives be tapped to support their dependent kinfolk. The colonial poor laws specified these relatives as the parents, grandparents, or children of an applicant for relief, By 1836, all States on the Atlantic seaboard, except New York and the Southern States, had added grandchildren as being liable for support. Stipulations as to relatives' responsibility were later expanded in many States, beyond the consanguinal line to the collateral line so as to make brothers and sisters liable. However, litigation to enforce relatives' responsibility has never reached the higher courts to the same extent as suits around settlement laws. Poor persons usually have poor relatives. The general practice of the courts has been to assign a small contribution and then to let the matter be forgotten if the court order were evaded.

The "Worthy" Poor

If settlement had been established and relatives could not support an applicant for assistance, there remained the question of what categories of persons would be deemed eligible for public assistance. The original poor laws, following the English model, made a distinction between those able and those unable to work, the latter being identified as the "lame, impotent, old, blinde, and such other among them being poore, and not able to worke."[4] Persons clearly unable to support themselves were to be helped. Josiah Quincy, a conservative Massachusetts politician, aristocrat, and Anglophile, wrote that if only those totally incapable of caring for themselves were applicants for public assistance, "there would be little difficulty, either as to the principle, or as to the mode of extending relief."[5]

Methods for Care of the Indigent

Differences of opinion as to principle and as to mode of relief did, however, arise early in the 19th Century and debate continued around such differences. Such debate had its origins in three phenomena. During the early 19th Century, as a result of the Napoleonic Wars, the United States experienced a severe economic depression which lasted from 1815 to 1821. This depression, together with a modest increase in population, caused relief expenditures to rise. Last, but by no means least, Americans became keenly interested in the investigations being conducted in England about the operation of the poor laws there.

The immediate results of these circumstances were some inquiries--both under public and private auspices--and numerous recommendations for handling public relief. Such an inquiry was made in 1824 by the Secretary of State of New York, John V. N. Yates. Yates' principles were

democratic; his political party, Jefferson-Republican. The Yates report discussed the four major means of caring for the indigent: Under the contract system all dependent persons were placed under the care of a townsman or farmer and his wife who offered to care for them for a lump sum, fixed as low as possible. Another system, one which became increasingly subject to adverse comment, was to auction off the poor to the couple who agreed to take care of them for the smallest amount. Actually it was an auction in reverse. Instead of the prize (the destitute man, woman, or child) going to the highest bidder, the unfortunate person was sold to the lowest. Placement in an almshouse represented the third important means of caring for the indigent. The fourth was home relief.

By the third decade of the 18th Century all the leading seaport towns except Newport, Rhode Island, had almshouses, but they were by no means the major method of caring for the poor. Even a century later, Yates found about 30 almshouses in New York State housing not more than 2,000 persons (9 percent) out of a total relief population of 22,111. Thus the majority of the 6,896 persons whom Yates judged permanent paupers were not in almshouses, but rather were receiving home relief.

The Almshouse: Pros and Cons

For the New Yorker Yates, and for a number of others who expressed themselves on the subject, the ideal move was to make the early 19th Century almshouse the sole resort of both permanent and temporary paupers. Wrote Quincy, the Bostonian: "That of all modes of providing for the poor, the most wasteful, the most expensive, and most injurious to their morals and destructive to their industrious habits is that of supply in their own families. That the most economical mode is that of Alms Houses; having the character of Work Houses, or Houses of Industry, in which work is provided for every degree of ability in the pauper; and thus the able poor made to provide, partially, at least for their own support; and also to the support, or at least the comfort of the impotent poor."[6] If county almshouses were established throughout New York State, Yates estimated a reduction in expenditures by about half, amounting to a yearly savings of approximately $250,000. So persuasive were the arguments of men like Quincy and Yates and the seeming logic contained in the English Poor Law Report of 1834 that, by 1860, few localities of any size lacked almshouses.

The assumed superiority of the almshouse over other means of caring for the poor was extolled on many points: Almshouses would serve to deter those seeking relief for, it was argued, the idle and dissolute, as soon as they learned that work would be required "in the house," would just as soon seek it on the outside. Those who did enter would find their morals improved: lazy persons would become industrious; the intemperate become teetotalers; and the vicious acquire virtue.

Almshouses were also seen as humanitarian compared with the irresponsible, cruel system of auctioning the poor or contracting for their care with persons who were often on the edge of dependency themselves. Not infrequently, in the larger cities at least, the almshouse was pointed to with pride as the place a community's generosity had provided for its unfortunate citizens.

The Almshouse Population

In the seaboard cities in particular almshouses were in large part free hospitals, admitting in great numbers newly-arrived immigrants. The tide of immigrants rose steadily--from only 129,000 in the 1820's, to 540,000 in the following decade, to more than 1 1/2 million in the 1840's, to a pre-Civil War peak of more than 1 3/4 million in the 1850's. Altogether about six million immigrants crossed to the land of opportunity between 1820 and 1860--roughly half of them from Great Britain and Ireland, about two million from Germany, about 50,000

Scandinavians. Many of these newcomers arrived ill as a result of overcrowded and unsanitary conditions on shipboard, or became ill or suffered accidents while building the canals and railroads. Such persons were what we would now term medically indigent, and as soon as they were restored to health left the almshouse and found work.

Touched, perhaps, by the intense sufferings of the refugees from Ireland in 1847 and 1848 the Trustees for the Poor of Baltimore expressed their attitude toward the immigrant in sympathetic terms and at the same time complimented the charitable spirit of the community:

> "The tide of emigration to America has--as was reasonably to be expected--brought with it much poverty as well as disease, and as a consequence has tended to increase the inmates of charitable public institutions. It is, however, a pleasant reflection to the philanthropist that the poor emigrant, borne down by privation and disease, may find on the shores of God's favoured land a charitable roof under which he may recover his wonted physical energy."[7]

A few years later, the Trustees expressed their "astonishment" that the incidence of pauperism was so small among recent arrivals

> "when it is evident that the most of the emigrants...are poor--many cannot speak our language, very many experience a difficulty in obtaining employment upon their arrival, whilst others are rendered for a season incapable of labor by debility consequent upon the crowded condition of emigrant passenger ships. The increase of foreign admissions cannot be attributed in any degree to dissolute habits; on the contrary they are in the main of temperate habits and but seldom remain long in the Institution."[8]

Immigrants, with few exceptions, started work as unskilled laborers and were paid very low wages--at 1967 prices the equivalent of about $20 a week in the 1840's and about $25 in the 1850's. A large brewery in New York, in 1840, paid its laborers at the rate of 62.5 cents a day; female cotton weavers in Massachusetts were paid about the same rate. It is not surprising that when illness or unemployment struck, the immigrant rarely had savings to fall back on. Nevertheless, there was a great outcry about foreign paupers, and it is true that foreigners made up a large proportion of the almshouse population.

It is often forgotten that periodically, almost until the beginning of the 20th Century, the United States was ravaged by deadly plagues--yellow fever, cholera, typhoid, to name the most virulent--all of which had their basic causes in filth, impure water and other unsanitary conditions. The plagues struck, of course, with most force in the cities, particularly the seaboard cities, and within these areas sickness and death claimed first--and in greatest numbers--the poor. The almshouse, as the poor man's hospital, often provided the only resource for caring for those so stricken.

Thus in 1834 a student at the University of Maryland Medical School wrote enthusiastically to his uncle about his assignment to the Baltimore Almshouse:

> "My present situation offers great advantages to the medical student....I shall probably see almost every variety of disease which the climate and season present, having many under my own charge with the advice of the attending physician and the other resident students who are intelligent and well-informed young men. The subjects, though paupers, are not, as I had supposed, generally old and helpless, for we have them of all ages from birth upwards, and many are stout able-bodied men and women who come to this place where they can get good fare and medical attention for little or nothing. The house is now crowded with the sick."[9]

Some of the great public hospitals of today--Bellevue in New York, Brooklyn's Kings County Hospital, the Philadelphia General Hospital and Baltimore City Hospitals--were originally almshouses. In the large seaboard cities, at least, medical care in almshouses was apt to be

superior. For example, the attending physician at Baltimore's almshouse from 1789 to 1798 was an eminent doctor and researcher, the first to discover that an organism could cause infectious disease.

As to exacting work from the inmates of almshouses this turned out to be virtually impossible mainly because of the type of indigence present in the almshouse population. Yet, advocates of almshouse industry always assumed a large group of able-bodied inmates. The actual situation was quite different. The following classification of the inmates of Philadelphia's Blockley almshouse in 1848 shows this clearly and typically:

Total White Inmates: 1,509

Children	111
Hospital and Lunatic	718
Old Men's Infirmary and Incurable Section	188
Male Working Wards	79
Mechanics Wards	42
Old Women's Asylum and Incurable	256
Women's Working Ward	71
Nursery with Women	21
Nursery with Children	23

Thus only 192 men and women (about 12 percent of the total population) were capable of working.[10]

There was, however, some seasonal variation in the character of the almshouse population. There tended to be more able-bodied unemployed persons sheltered there in winter than in summer. During the winter unskilled laborers employed in shipbuilding or in other outdoor construction were laid off and some of this group were forced into the almshouse. But the winter was the very time that almshouses, usually set up as poor farms, were least able to provide work. On the contrary, during the summer most managers of the almshouses had to hire farm labor from the general population.

For all their proliferation, almshouses cannot be said to have had universal support and at times there was a positive revulsion against them. Among the arguments presented by the out-and-out opponents of almshouses was that the idea of deterrence was overdone because a sense of shame would keep the deserving from entering the house, while the "vicious and idle" would not hesitate. Others thought it cruel, especially in rural areas where persons were accustomed to solitude, to uproot them and force them into congregate living. Furthermore, some saw the almshouse system as relatively costly and believed that dependent persons could instead be placed with friends or relatives for a small sum--a mere portion of their entire support in an institution. Or they could be given some relief to supplement meager wages.

Perhaps the most outstanding instance of revulsion against the almshouse system occurred in the State of New York, the most populous in the Union by 1820 with well over a million persons. There the exhortations of Yates and Governor Enos T. Throop, another Jacksonian-Democrat, led by 1832 to the establishment of county poorhouses in 51 of the 55 counties and to county rather than township responsibility in 40 of the counties. This did not mean that all applicants for relief were sent to almshouses, for the law allowed temporary relief outside the house. Yet no sooner did the system of county responsibility seem to be in full swing than opposition to it developed. For one thing, it was charged that local poor law officials were granting temporary relief too liberally at county expense and that the salaries of these dispensing officials were too high. But other opposition developed when conditions of gross overcrowding and improper treatment of county poorhouse inmates were revealed. Information about such conditions was publicized in 1838 in a report of a committee of the State Assembly now dominated by the conservative Whig Party--which was doubtless not adverse to "making an issue" about neglect of the poor by the Democrats, the very party which claimed to have the most interest in their well-being.

Most of the first section of this report described shocking conditions at the Genesee County poorhouse: Due to its faulty buildings this poorhouse would have offered meager shelter even had it not

been overcrowded. As it was, one 18x17 foot room held five beds occupied by twelve women and children and this was not the most unwholesome of the sleeping compartments. Insane and feebleminded were lodged with normal persons. The sick were mingled with the well.

With the Democrats back in power in 1856, another investigation of 55 poorhouses, exclusive of New York City and Kings County, revealed and strongly condemned conditions that were equally bad if not worse than those of 1838:

> "The poor houses throughout the State may be generally described as badly constructed, ill-arranged, ill-warmed, and ill-ventilated. The rooms are crowded with inmates.... In some cases, as many as forty-five inmates occupy a single dormitory, with low ceilings, and sleeping boxes arranged in three tiers one above another. Good health is incompatible with such arrangements....
>
> The want of suitable hospital accommodations is severely felt in most of the poor houses....
>
> A great evil of the poor houses is idleness. Its effects are most visible in the winter season, when the houses are crowded, when there is little out door work to be done, and when the inmates are in the most vigorous state to do full work. In all the large counties at least, work houses should be established...and suitable legal power should be given to the proper officers to consign ablebodied paupers to the work house instead of the poor house proper. Such work houses would tend to diminish pauperism; at all events, to diminish the burthen of it."

But the Committee's most revolutionary proposal was the following:

> "A still more efficient and economical auxiliary in supporting the poor, and in the prevention of absolute pauperism, consists, in the opinion of the committee, in the proper and systematic distribution of *out door* relief. Worthy indigent persons should, if possible, be kept from the degradation of the poor house, by reasonable supplies of provisions, bedding and other absolute necessaries, at their own homes. Half the sum requisite for their maintenance in the poor houses would often save them from destitution, and enable them to work in their households and their vicinity, sufficiently to earn the remainder of their support during the inclement season when indigence suffers the most, and when it is most likely to be forced into the common receptacles of pauperism, whence it rarely emerges without a loss of self respect and a sense of degradation." [11]

A Few Generalizations

General conclusions covering all aspects of public poor relief before the Civil War will be included in the next article in this series. Suffice it to say here that public relief--not voluntary charity--was from the early days of our history fundamental to the care of the needy. The major debate centered around what *public* means should be used, i.e., almshouse care vs. home relief, rather than between advocates of public assistance and private charity. This latter was an important debate, but the forces were not seriously joined until after the Civil War.

The idea that the "worthy"--the widows, the children, the sick, the aged--could be separated from the "unworthy" poor--the drunks, the idlers, the thriftless and shiftless--persisted. But one is struck by the generally good intentions, the charitable spirit, the expression of community responsibility which is evident in the writings of politicians, of almshouse trustees, of doctors--in short those who came in direct contact with the poor.

Of course, the poor were forgotten for long stretches of time. They always are. But periodically there would be an "investigation" of conditions, regardless of the party in power, and the finger of shame pointed at the neglectful. That not much in the way of improvement followed should not surprise this generation which has undoubtedly done better--but perhaps not much better.

CITATIONS

Complete citations are given to all direct quotations and to certain other statements. The manuscript copy in the Division of Intramural Research, Office of Research and Demonstrations, Social and Rehabilitation Service, Department of Health, Education, and Welfare, is fully documented.

1. Blanche D. Coll, "Perspectives in Public Welfare: The English Heritage," *Welfare in Review*, March 1966, pp. 1-12.
2. I have checked these figures, given in David M. Schneider, *The History of Public Welfare in New York State: 1609-1866*, p. 224, back to the original source, which is the so-called "Yates Report," (New York State Senate, *Journal* [47th sess.] [Albany, 1824]) and find the secondary source agrees with the original.
3. President Franklin Pierce's veto of the bill resulting from Miss Dix's efforts, *Congressional Globe*, 33rd Cong., 1st sess., May 3, 1854, pp. 1061-63, in Pumphrey and Pumphrey, *Heritage of American Social Work*, pp. 133-34.
4. An act for the relief of the poore, in Pumphrey and Pumphrey, *Heritage of American Social Work*, p. 16.
5. Massachusetts, General Court, Committee on Pauper Laws, *Report of Committee to Whom was Referred the Consideration of the Pauper Laws of the Commonwealth* (Josiah Quincy, Chairman) (1821) in Pumphrey and Pumphrey, *Heritage of American Social Work*, p. 63.
6. *Ibid.*, p. 65.
7. Trustees for the Poor of Baltimore City and County, *Reports*, 1848, p. 165.
8. *Ibid.*, 1853, p. 297.
9. Letter, James L. Cabell to Joseph C. Cabell, Dec. 13, 1834, MS. in University of Virginia Library.
10. Benjamin J. Klebaner, "Public Poor Relief in America, 1790-1860," unpublished Ph. D. dissertation, Columbia University, 1952, p. 211. There were also 79 Negroes in the almshouse, including 3 women and 10 children. The statistics do not reveal how many adults were capable of work.
11. *Report of Select Senate Committee to Visit Charitable and Penal Institutions*, 1857 ("New York Senate Document No. 8," 1857, reprinted in Sophonisba P. Breckinridge, *Public Welfare Administration in the United States: Select Documents*.

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Intramural Research in the Social and Rehabilitation Service

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The question is frequently asked: What is intramural research in the Social and Rehabilitation Service and what are some of the major studies under way? Before answering directly, attention might first focus on the primary objective of the new Service which is to offer a unified, strengthened and expanded approach to some of the urgent problems facing the Nation's needy. A major effort is being expended to assess the productive potential of public assistance recipients, not only concerning their employment capacities but also in terms of their prospects for leading more meaningful lives with greater opportunities for development. With a unified Service, a more comprehensive and coordinated approach is possible. The new agency in the Department of Health, Education, and Welfare continues to place major emphasis on the welfare of the aged, the handicapped and children. New programs, more effective approaches and fresh viewpoints are sought for reshaping the vocational outlets for youth and adults. Ways are being developed to make more creative use of agency personnel. Resources for grants and demonstrations are being centralized and deployed as vehicles of change for introducing new and more effective methods in social welfare programs.

Office of Research and Demonstrations

To make maximum use of research and demonstration resources in achieving its mission, the Social and Rehabilitation Service has established the Office of Research and Demonstrations, thereby bringing together within a unified focus training, education, research and demonstrations and intramural research.

Division of Intramural Research

The Division of Intramural Research, a component unit of the Office of Research and Demonstrations, is concerned primarily with program and policy needs of the agency. In this way intramural research serves to focus research competence on the problems and issues as they are generated in the daily conduct of the SRS program. Although the emphasis of the intramural research program is on applied rather than basic research, the same level of skills is required for both types of research. In addition, applied research makes special demands for identifying those policy and program issues which are amenable to research procedures. Administrators and program experts pose questions which point to the problem areas. The applied researcher must translate these broadly based administrative issues into research formulations and designs for investigation.

The research program of the Division of Intramural Research is designed to support the overall agency mission of reducing dependency and promoting human welfare. The substantive research areas of the Division's work are concerned with problems, programs and issues of relevance to the major organizational units of the newly-established agency--Rehabilitation Services, Assistance Payments and Medical Services Administrations, the Administration on Aging and the Children's Bureau which now provides services under the Aid to Families with Dependent Children program.

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Because research projects emphasize major areas of policy concern such as the delivery of social and health services, alternative income maintenance plans, problems of illegitimacy and family planning, an interdisciplinary research team of sociologists, psychologists and economists form the nucleus of the Division's staff. Among the more important functions they carry out are developing and testing research methodology, developing and implementing designs for evaluating program effectiveness and efficiency, identifying and reporting on the basic characteristics and problems of specific target groups in the population, developing questionnaires and contract specifications, analyzing and interpreting data and reporting on research findings. The staff has two major responsibilities relating to the communication of research results: to encourage the application of research knowledge to ongoing and projected programs and to identify knowledge gaps, thus providing direction for future research and evaluation.

In addition to its three branches--long range, program research and research utilization--the Division maintains three units concerned with social work manpower research, demographic and statistical services and the publication of *Welfare in Review*, a means of communicating the agency's activities as well as legislative changes affecting its program.

An intramural research operation in a Federal agency must make provision for field work operations to collect the required data according to the specified design. The use of the contract method serves this purpose. To realize the greatest potential from contract research and to insure that the results of such research meet the pragmatic needs of the agency, it is a prerequisite that there be sufficient and competent intramural staff for proposal development and continuing monitoring.

Before a major study is ready for a sound contract intramural staff may be engaged for a year or even longer in planning, developing and testing research procedures. In some instances the contract may only call for the collection of data, and it is the responsibility of the intramural staff to analyze the research findings and write the full report. In some cases the contract specifies a completed analysis and final report. But even with this type of contract Division staff work closely with the contractor in monitoring all phases of the project.

Research Grants and Demonstrations

The research and demonstration grants program of the SRS actually encompasses several programs, each with different authorizations and objectives within the broad field of social welfare. Research grant awards are competitive and applications from investigators are submitted to a review panel of scientists who recommend approval or disapproval based on the objectives of the particular grant program and the research merits of the proposal. The researcher, usually from a university, and the agency share common interests and goals. Frequently, qualified researchers are especially encouraged to submit proposals in needed areas of research. When the grant route is used as a means of building essential research-based knowledge, the investigator has considerable latitude to carry out his approved design. In contrast, contracts for directed research are closely monitored by intramural staff. For a balanced research program, an agency needs both grants research and intramural research resources. To achieve its research mission an agency can neither rely solely on individual voluntary submissions from the academic research community nor can it resort exclusively to its own research personnel. The doors for fresh inquiry and freedom for outside research investigations must be left open.

Demonstrations are an important part of the research continuum of an agency. Some demonstrations follow the classical experimental design with control groups, where the question of "did the program make a difference" can be answered. This more strict type of demonstration in the social welfare field is difficult to design

and even more difficult to execute since unexpected events (a frequent hazard) affect the control variables of the study. Most of the demonstrations in the SRS program represent well-designed program innovations with evaluation provisions for assessing accomplishment in terms of "did the demonstration achieve what it purported to do?"

Since research resources are limited, it is necessary to plan intramural research projects so that the most pressing policy issues receive priority attention. In the review of studies which follows, some familiar and oft-repeated questions are being pursued while in other studies new legislation becomes the focus of attention.

For example, there are numerous bold statements about chronic dependency but little or no systematic evidence. The reconstruction of family welfare history is a most complex undertaking even after the problem of sample selection has been met satisfactorily. Records for validating information obtained through interviews are essential, but there are few locales where this is administratively possible. The study, "A Longitudinal Analysis of Public Assistance Recipiency in a Southern City" will provide information on intergenerational dependency in addition to a number of other life adjustment variables associated with the long range effects of public assistance use.

Other studies described are directed to such policy or program issues as: What are the differential effects on AFDC families of variations in the level of State programs? Is there a discernible difference in the living level of families who have participated in work training programs as compared to similar families who have not? What happens to cases that are rejected for public assistance? Are closed AFDC cases really better off after a period of assistance? What do clients have to say about their experience on AFDC--how were they helped and what were their problems? What are the cost-benefit results of work training? What are the noneconomic benefits? What are the circumstances and processes over time that push families into public assistance and what happens to open up pathways out of public assistance?

These kinds of questions have direct bearing on understanding the target groups and in testing program consequences. Program planning implications can be drawn from information which tells us not only what happens but *why* it happens--under what conditions and to what types of recipients or other poor people.

Two major studies are geared toward providing information on the health status of the poor and, in particular, the impact of Title XIX on medical care utilization and medical care delivery systems. Policy and program planning objectives will be enhanced as the proposed followup studies assess what changes have occurred as a result of the Medical Assistance program.

The summaries which follow represent a selected group of research studies in progress in the Division of Intramural Research. Project officers can provide further information concerning theoretical considerations, methodology and study findings. In addition to these illustrative studies Division staff are actively engaged in some 20 other projects as well as preparing articles for publication, providing consultation and responding to service requests.

National AFDC Study

Purpose and Significance

The guiding hypothesis of this study is that the level of client and family functioning is directly related to the nature and quality of a State's public assistance program--the more adequate the grant, the more liberal the eligibility requirements and the more comprehensive the program, the higher the level of client and family functioning. If we can document these relationships, the proposal that the Federal Government set national standards (similar to the more adequate State programs) would be materially strengthened. The research would also provide an information package on which to base recommended legislation.

Objectives

Specifically, the study is designed to yield answers to the following kinds of questions:

To what extent do current eligibility requirements for AFDC bar from help families who need and could profit by agency assistance and services?

How realistic and how nearly adequate are current assistance standards in terms of needs and living conditions of the poor? How can constructive and simplified assistance standards be developed and administered?

What do the poor see as their problems and needs? What is their education and work experience? What are their hopes and aspirations for themselves and their children, especially with regard to education, training and employment?

How effectively do recipients of public assistance use the limited resources available to them?

What social services could be offered by public welfare agencies, in addition to those now provided, that would most likely contribute to strengthened family life and to improved potential and readiness for self-support?

To what extent can social services prevent dependency among families who are not currently receiving assistance but who were formerly dependent or may become so again if no help is given?

What is the potential for work experience and training among low-income families who apply to public assistance agencies?

What is the impact of the Work Experience and Training program (Title V of the Economic Opportunity Act of 1964) on AFDC mothers who participated in the program as compared to a comparable group who did not? What is the return on investment (cost-benefit analysis) of this program, both in economic terms and in terms of ascertainable sociopsychological benefits? Which components of the Work Experience and Training program have the biggest payoff and for which types of participants?

Design

A sample has been drawn of 12,000 families from 35 randomly selected counties in 10 States and is designed to represent the spectrum of AFDC projects throughout the Nation. The basic data on the sample population will be obtained from a 75-minute interview. To ascertain the welfare climate in the selected localities, a sample of caseworkers will also be queried. A cost-benefit analysis will be employed to assess the impact of the Work Experience and Training program. The sample of 12,000 respondents will include both open and closed AFDC cases, rejected applicants, as well as women terminees and graduates of the Title V program.

Status

Research is under way and the anticipated completion date of the study is October, 1968.

Project Officers: Abraham S. Levine, Perry Levinson, Jeffry Schiller

Longitudinal Surveys of Accepted and Rejected AFDC Applicants in Baltimore and San Francisco

Purpose and Significance

The overall purpose of these identical longitudinal studies--the first of their kind ever undertaken--is to compare and contrast the life styles, problems and aspirations of accepted and rejected AFDC applicants for a period of one year following their application for assistance. The general hypothesis is that rejected applicants ought to be living at a level at least as adequate as that of accepted applicants.

Objectives

Specifically, the surveys are designed to answer the following questions:

How well do eligibility requirements distinguish among those families who are most in need of assistance?

What factors can be isolated *in order to predict* those applicants most likely to be accepted?

Are there any measurable changes in a recipient's general level of living, in terms of health, housing conditions and attitudes, that can be attributed to the AFDC program?

What types of adjustments do the rejected applicants make over a period of a year? Do they find jobs? Do they have sufficient food and clothing?

What is the nature of and the reasons for mobility into and out of public assistance?

What circumstances predict acceptance or rejection of families who apply for public assistance?

Design

These longitudinal studies call for three 50-minute interviews with each of 350 accepted and 350 rejected female AFDC applicants. Since the interviews are spaced over a year's period, comparisons of problems and levels of living can be made between and among accepted and rejected applicants. Additionally, techniques have been devised to measure changes in problems, levels of living, job seeking behavior, and attitudes over this period.

Status

Fieldwork for the Baltimore study has concluded and analysis of findings is currently under way; the estimated completion date of this project is March, 1968. In San Francisco fieldwork will be finished by December, 1967 and it is anticipated that the final report for both studies will be completed by August, 1968.

Project Officers: P. Levinson, J. Schiller

A Longitudinal Analysis of Public Assistance Recipiency in a Southern City

Purpose and Significance

Although it is often asked, "What are the long range effects, particularly on children, of public assistance recipiency?" this question has not been the central focus of any previous research. When it was learned that the Office of Education and the National Institute of Mental Health had carried out studies measuring a wide range of ability, achievement, attitudinal, and social adjustment factors among an entire high school population in a southern city, the Division of Intramural Research designed a study to determine the length (if any) of public assistance use among the parents of these same students. The additional information will make it possible to trace the long range effects of public assistance use since students whose parents received public assistance can be compared over a period of time with (1)

students whose parents applied for assistance but were determined ineligible and (2) students whose parents were poor but had never applied.

Objectives

The study is specifically designed to answer the following questions: Taking into account differences in family size, head of household and socioeconomic status, what are the rates of delinquency, illegitimacy, school dropout and disciplinary problems among students whose parents have received, been rejected for, or never applied for public assistance? How are children affected by public assistance use? Is there a direct correlation between the degree of their adolescent adjustment problems and duration of their family's receipt of public assistance? Does maladjustment increase with intergenerational dependency?

It will also be possible to determine if the three groups differ in their scholastic aptitude and achievement scores as measured by standardized nationwide tests.

Further, recipients' children were interviewed in their homes to determine the relationships among level of aspirations, perception of the economic opportunity structure, and the degree of alienation caused by severe poverty.

Design

The sample of 16,000 is the entire high school population, grades 9 through 12, of a southern city. Since the study focused primarily on the 7,000 students who stated they had always lived in the city, it was possible to rely solely on the local welfare records in order to differentiate users from nonusers.

Status

Information from all three studies are on one computer tape and extensive data analysis is under way.

Project Officer: Perry Levinson

Cost-Benefit Analysis of the Bernalillo County Work Experience and Training Program

Purpose and Significance

The general purpose of the study is to adapt the principles of cost-benefit analysis for use in evaluating public welfare programs. The Work Experience and Training Program under Title V of the Economic Opportunity Act of 1964 has been singled out as being particularly amenable to a cost-benefit analysis not only because many of its benefits can be translated into economic terms but also because many alternative means are available for attaining the program's objectives.

Objectives

The two principal objectives of this reseach are (1) to undertake an indepth cost-benefit analysis of a local work experience and training project and (2) to use this as a basis for developing a methodology and model which can then be applied to the spectrum of Title V projects, or similar types of projects. An important factor in the methodology is the measurement of sociopsychological benefits to the trainee as well as economic benefits to the trainee and society (local community and national economy).

Design

The following essential elements are involved in the design of this research:

1. Definition of objectives (proximate and successive as well as terminal employment goals) in as operational and measurable a form as possible.

2. Identification of the program components in the project and their interrelationships.
3. Formulation of a method for obtaining cost data, not only on the project as a whole but on its various components.
4. Identification of those outcomes which may be defined as benefits in terms of the specified objectives.
5. Exploration of the feasibility of measuring the various kinds of social and psychological benefits.
6. Analysis of factors in the economic setting (e.g., labor market) which are functionally related to the economic benefits, and the implications of this economic environment for alternative vocational training objectives.
7. Development of a system for relating cost factors to the benefits attained from the project as a whole. In order to determine the best possible program alternatives, an analysis will also be made of benefit-cost tradeoffs of viable recombinations of program components in the project.
8. Comparison in cost-benefit terms with a control group of AFDC recipients who do not receive Title V services.
9. Utilization of experience obtained in the foregoing steps to develop a tentative general model and set of procedures for use in analyzing similar projects across the Nation. Obviously it will not be possible to assess the benefit-cost relationships of the entire range of work experience and training projects by generalizing the findings derived from one particular project. But the results of Bernalillo offer a potential for developing a conceptual framework for such an evaluation.

Status

Research is in progress. All of the necessary procedures and instruments have been developed and data are being collected on several hundred participants. Completion date for the entire study (including followup on employment records of the former trainees) is scheduled for January, 1969.

Project Officer: Abraham S. Levine

Evaluation of Training and Service Impact of a Work Experience and Training Program for AFDC Mothers in Day Care Centers

Purpose and Significance

The primary purpose of this project is to undertake a cost-benefit analysis of an experimental work experience and training program to train AFDC mothers as teacher aides in child care centers. A secondary purpose is to develop and test research methods and instruments which may be useful in other evaluation studies of educational and vocational training programs designed to aid low-income mothers and their children. Still another purpose is to explore the impact of work training and employment as this affects a woman's functioning in her familial and maternal roles.

The research seeks to answer the following questions:

1. Does the work experience training program achieve its stated goals?
   a. Does the mother and her family achieve a measure of economic independence?
   b. Does the functioning of the mother and her family improve?

2. What are the measurable economic benefits of the program in relation to its costs?
3. Can an AFDC mother be trained to serve as a "sub-professional" in child care?
   a. Does the trainee move into such a position upon completion of training?
   b. Does the trainee gain economic independence and personal satisfaction from her work?
   c. How are the trainee's children affected by her employment?
4. To what extent does training input affect outcome, both in terms of employment and of the social and psychological functioning of the mother?

Objectives

The objectives of this project are to assess and analyze:

1. The employment and other individual and familial behavioral outcomes for trainees of the program;
2. The initial social and psychological differences among the trainees that may affect training outcomes;
3. Differences in the quality of training that may affect employment, knowledge, attitudinal and behavioral outcomes;
4. Any changes that may occur in the trainee's knowledge, attitudes, and child-caring behavior and whether such changes are interrelated; and
5. To develop the tests necessary to carry out the project objectives and to search out predictors of probable training and employment success.

Design

The study population consists of two groups of AFDC mothers, an experimental and a control group. The experimental group is participating in a Title V Work Experience and Training program in four day care training centers in Los Angeles. The control group, unexposed to work experience and training, is matched to the experimental group on such variables as race, age, and marital status. This project is viewed partly as an experiment in the design and application of research instruments in a social work intervention program with low-income mothers.

Among the more specific techniques used to carry out the research design are pooled observations; interviews with trainees, day care staff and employers; and selected tests and ratings.

Status

Two waves of interviews have been completed: findings from the first are now available and data from the second will be ready shortly. Observations of the training input have been completed and a report is being prepared. Information is also available on the current status of all graduate trainees. While a number are employed the majority have gone on for further education to qualify as certified nursery school teachers. The research project will be completed by July, 1968.

Project Officer: Catherine S. Chilman

Impact of the Medical Assistance Program (Title XIX) on the Delivery of Health Services to the Poor

Purpose and Significance

One of the essential goals of Title XIX is to help the health care system deliver more and better services to individuals in low-income families. The research study will attempt to assess the degree to which this is being realized.

The operation of the health care system will be studied at three levels. At

the broadest level research will examine the extent to which the total health resources of the Nation will become more equitably distributed between the poor and others in the population. At the local level the degree to which community resources are effectively mobilized to cope with health problems of low-income families will be studied. This will include examination of whether referral services are assisting low-income persons in reaching the most appropriate health resources in the community. Finally, at the third level, research questions will investigate whether particular health units begin to deliver more and better health care to the poor.

Objectives

The study will seek answers to specific questions concerning whether Title XIX will help bring about some of the following changes in the delivery of health services to the poor:

1. Improved supply, qualifications, functioning and availability of health practitioners and health facilities to the poor.
2. Improved identification of health problems, better referral by health, education, and welfare units to the most appropriate health resources, the provision of more comprehensive health services, additional attention to followup care, medical social services which take into account the limitations of the low-income family, and more effective health education.
3. Improved coordination and integration of health services to the poor.
4. Extent to which Title XIX funds are replacing previous health care efforts and whether the new available funds are increasing services to the poor.

Design

The methodological focus will be on a selection of communities supplemented by a broader but necessarily more superficial examination of national changes. Communities chosen will be restricted to those comprising predominantly low-income individuals where active attempts are being made to improve their health care. Delivery systems of all major health care units in each of these communities will be studied and the research will also examine how such units cooperate with other agencies in providing health services. A sample of small health units will also be reviewed. Data will come from interviews with those delivering and administering health care as well as those involved in referral. Members of low-income families using health services will also be interviewed.

A baseline study will be conducted in 1968 to examine the health care delivery system at an early point in the implementation of Title XIX and a followup study will be made around 1971 to examine what changes in the system may be attributed to the progressive implementation of this Medical Assistance Program.

Status

Broad outlines have been devised for information judged essential to the purposes of the study, which is in the planning stage. It is anticipated that five study sites will be selected. An interdisciplinary advisory group composed of experts in medical care research have reviewed and commented on the study design. They will periodically review the research and offer suggestions for program and policy implications.

Project Officer: Otto M. Reid

Medical Care Utilization Survey

Purpose and Significance

The purpose of this study is to provide a national evaluation of the impact of Medicaid on the low-income target populations. Title XIX of the Social Security Act, commonly called Medicaid, provides for Federal-State participation in paying the cost of a variety of medical services and supplies for low-income persons. States must cover all recipients of public assistance, and may also elect to cover other specified low-income persons. As of November 1967, about three-fourths of all States had a Federally-approved Medicaid program in operation.

This study is aimed at obtaining baseline data on medical care utilization and related characteristics of low-income persons at an early point in the Medicaid program. Comparisons with an anticipated 1971 repeat study will show trends in such areas as utilization, expenditures, health practices and information about Medicaid. Information derived from this study will be far greater in scope and detail than is currently available from existing sources. It will also allow comparisons between persons presumed eligible for Medicaid and other equally poor persons.

Objectives

1. To determine the relationship of presumptive eligibility for Medicaid to utilization of medical services.
2. To determine the relationship of health-related knowledge, attitudes, practices, and health care barriers to the use of Medicaid.
3. To determine the relationship of presumptive eligibility for Medicaid to personal medical expenditures.
4. To determine the level of information about the Medicaid program among presumptively eligible persons.
5. To determine the relationship of Medicaid to the social and occupational functioning of presumptively eligible persons.
6. To obtain 1968 baseline data in the areas mentioned which can later be compared to similar data from an anticipated 1971 repeat study.

Design

It is planned to conduct a household review study in the Spring of 1968 on a national probability sample of about 6,000 low-income families who live in the poorest areas of their respective States. Only families whose incomes fall below 150% of the States' maximum AFDC payment will be interviewed extensively. A short screening interview to identify these families will also provide some health care information on higher income families living in low-income areas.

Several major kinds of analyses will be performed. Persons who are presumptively eligible will be compared with persons ineligible for Medicaid. The analyses will include controlling for the effects of background characteristics such as receipt of public assistance, age and residence. Eligible persons living in States with varying Medicaid programs and administrative arrangements will also be compared using much the same data. It will not be possible to examine individual States, but various groupings of States by significant Medicaid characteristics can be examined.

Status

The interview schedule, which is being developed, will include questions on a variety of topics bearing on the study objectives as well as socioeconomic status and demographic characteristics of the families. A detailed sample design is also being developed and it is hoped that final contractual arrangements for the execution of the study can be completed shortly.

Project Officer: Oliver C. Moles, Jr.

Publications of Interest *

SOCIAL & REHABILITATION SERVICE

POLK, KENNETH. *Nonmetropolitan delinquency: an action program.* Department of Health, Education, and Welfare, Office of Juvenile Delinquency and Youth Development publication 9004. U.S. Government Printing Office. 1967. 27 p. 20¢. Describes the problem of delinquency in nonmetropolitan areas and how it differs from urban delinquency.

U.S. CHILDREN'S BUREAU. *Feeding the child with a handicap.* Children's Bureau publication 450-1967. U.S. Government Printing Office. 1967. 19 p. 20¢.

OTHER PUBLICATIONS

BARBER, JAMES DAVID. *Power in committees: an experiment in the governmental process.* Chicago: Rand McNally. 1966. 189 p. $5.00. Study based on observation and interpretation of the behavior of 12 local government committees.

BODY, ALEXANDER C. *Annotated bibliography of bibliographies on selected Government publications and supplementary guide to the Superintendent of Documents classification system.* 1967. 181 p. $2.50. For sale by the author, Documents Librarian of Western Michigan University, 925 Westfall, Kalamazoo, Michigan 49007.

COLVIN, RALPH W., LYDIA HYLTON, and BARBARA G. ROTHSCHILD. *Salaries and manpower in child welfare.* New York: Child Welfare League of America, Inc. May 1967. 153 p. $3.00.

COMMUNITY COUNCIL OF GREATER NEW YORK, Budget Standard Service, Research Department. *How to measure ability to pay for social and health services,* rev. ed. New York: 225 Park Avenue South. September 1967. 39 p. $2.50.

COMMUNITY COUNCIL OF GREATER NEW YORK, Research Department. *Issues in community action research: report of the Spring Research Forum on Evaluation Efforts in Three New York City Community Action Programs held on May 4, 1966.* New York: 225 Park Avenue South. October 1967. 72 p. $2.00.

COUNCIL OF STATE GOVERNMENTS. *The handbook on interstate crime control.* Rev. ed. Chicago: 1313 East 60th Street. 179 p. $3.00.

GLASER, BARNEY G. and ANSELM L. STRAUSS. *The discovery of grounded theory: strategies for qualitative research.* Chicago: Aldine Publishing Co. 1967. 271 p. $6.75. The conversion of hard-core research data to theory.

GROSS, BERTRAM M., ed. *Action under planning: the guidance of economic development.* New York: McGraw-Hill. 1967. 314 p. $12.00. Deals directly with implementation of plans for economic development.

HELLMUTH, JEROME, ed. *Disadvantaged child.* Vol. 1. Seattle, Washington: Special Child Publications of the Seattle Sequin School, 71 Columbia Street. 1967. 499 p. $10.00. Nineteen articles by specialists in psychiatry, psychology, pediatrics, and education. Preface by Martin Deutsch. Photographs.

HYLTON, LYDIA F. *Salary study, 1967.* New York: Child Welfare League of America, 44 East 23rd Street. August 1967. 47 p. $1.25. Current salary information for the child welfare field based on replies to questionnaires by 199 voluntary and 10 local public agencies.

JOINT COMMISSION ON CORRECTIONAL MANPOWER AND TRAINING, INC. *Targets for in-service training.* Washington, D.C.: 1522 K St., N.W. Single copies free on request. Report of a seminar convened in Washington, D.C., May 4-5, 1967, by the Office of Law Enforcement Assistance and the Joint Commission.

KUSHNER, ROSE and MARION E. BUNCH, eds. *Graduate education in aging within the social sciences.* Ann Arbor, Michigan: Division of Gerontology, University of Michigan. 1967. 118 p. $5.00. Report of a committee of the Section on Psychological and Social Sciences, Gerontological Society, on conferences held in December 1964 and May 1965.

LIEBOW, ELLIOT. *Tally's corner: a study of Negro street-corner men.* Boston: Little, Brown, and Co. 1967. 260 p. $5.95.

LOUCH, A. R. *Explanation and human action.* Berkeley, Calif.: University of California Press. 1966. 243 p. $6.95.

*U.S. Government publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on lots of 100 or more). Inquiries or orders for other publications should be directed to the publisher or issuing agency.

LOWE, JEANNE R. *Cities in a race with time.* New York: Random House. 1967. 601 p. $10.00. Major problems of progress and poverty in New York, New Haven, Pittsburgh, Washington, and Philadelphia.

MANGONE, GERARD J., ed. *United Nations administration of economic and social programs.* New York: Columbia University Press. 1966. 291 p. $6.95.

MARRIS, PETER and MARTIN REIN. *Dilemmas of social reform: poverty and community action in the United States.* New York: Atherton Press. 1967. 248 p. $4.90.

MEDINNUS, GENE R., ed. *Readings in the psychology of parent-child relations.* New York: Wiley. 1967. 371 p. $4.50. Brings together research investigations on parental influences.

MILLIKAN, MAX F., ed. *National economic planning.* New York: Columbia University Press. 1967. 413 p. $10.00.

"The Neighborhood Youth Corps: help or handout?" *American child.* Spring 1967. Entire issue. Articles and viewpoints by Jack Howard, Mark Battle, Sar A. Levitan, Paul Goodman, Robert Schrank, Ted Seaver, and William W. Wattenberg.

NEWCOMB, FRANC JOHNSON. *Navaho neighbors.* Norman, Okla.: University of Oklahoma Press. 1966. 236 p. $5.95. Personal recollections of 25 years' running of a trading post on a reservation.

OHLIN, GORAN. *Population control and economic development.* Paris: Development Center of the Organization for Economic Cooperation and Development. 1967. 138 p. $4.00. Survey, summary, and progress report on world population control.

PRICE, MARGARET. *Neighborhoods where human relations begin.* Atlanta, Ga.: Southern Regional Council. 1967. 44 p. 50¢.

PROVENCE, SALLY. *Guide for the care of infants in groups.* New York: Child Welfare League of America, 44 East 23rd Street. August 1967. 104 p. $2.50. A "guide for child care workers and others responsible for providing care for infants without families."

RAINWATER, LEE. *And the poor get children: sex, contraception, and family planning in the working class.* Chicago: Quadrangle Books. September 1967. 202 p. $1.95. Paperback edition of title first published in 1960.

RAINWATER, LEE and WILLIAM L. YANCEY. *The Moynihan Report and the politics of controversy.* Cambridge, Mass.: M.I.T. Press. 1967. 493 p. $12.50.

RAND, CHRISTOPHER. *Los Angeles, the ultimate city.* New York: Oxford University Press. 1967. 205 p. $5.00. Collection of sketches of the city.

SCHOTTLAND, CHARLES I., ed. *The welfare state.* New York: Harper and Row. 1967. 272 p. $2.95. Readings from 30 authors on the historical development of the welfare state (from the 1930's to date), the concept of the welfare state, and views for and against the welfare state. Paperback.

SEABROOK, JEREMY. *The unprivileged.* London: Longmans. 1967. 137 p. About $3.50. Record of a Northampton family's life over the past hundred years and more.

SIMPSON, IDA HARPER and others, eds. *Social aspects of aging.* Durham, N.C.: Duke University Press. 1966. 341 p. $10.00. Research papers on retirement and the aging.

SMITH, DAVID T., ed. *Abortion and the law.* Cleveland: Western Reserve University Press. 1967. 237 p. $7.00. Examines the question of criminal and therapeutic abortions in a number of contexts.

STREET, DAVID. *Organization for treatment: a comparative study of institutions for delinquents.* New York: Free Press. 1966. 330 p. $7.95.

STRINGER, ELIZABETH A. "Homemaker service of the single-parent family," *Social casework.* V. 48. February 1967. p. 75-79. Case illustrating types of service.

THOMPSON, JEAN. *The house of tomorrow.* New York: Harper. 1967. 179 p. $4.95. Diary of an unwed mother.

TUNSTALL, JEREMY. *Old and alone: a sociological study of old people.* London: Routledge. 1966. 344 p. About $6.30. Statistical analysis of four types of aloneness: living alone, lonely, socially isolated, and anomie.

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Program and Operating Statistics

Public Assistance in July 1967

About 8.4 million persons received money payments under public assistance programs in July. The slight increase that occurred from June--only 16,000--is noteworthy because a seasonal decline usually occurs between these two months. This small change occurred in the general assistance program for which reporting is somewhat less reliable than for the other programs. Twenty-four of the 40 States that reported for both months had a larger number of recipients in July than in June, but 10 of the 24 reported a drop in payments. Included in this group of 10 are four States that account for more than a third of the general assistance load and about half of the total payments. In these four States the number of recipients was up by 9,000 or 3.3 percent whereas total payments decreased by $156,000 or 1.2 percent. Whether these changes are temporary fluctuations or the forerunner of a contra-seasonal upswing will depend on what reports show for subsequent months.

Also worthy of note is that the decline of 23,000 recipients in the unemployed-parent segment of the program of aid to families with dependent children just about offset the rise that occurred in the number of persons in need for reasons other than a parent's unemployment. Likewise, little change occurred in the number of recipients receiving assistance under each of the federally aided assistance programs for adults.

Total expenditures for assistance, including vendor payments for medical care, were $633.3 million in July--$2.0 million less than in June. Among the programs, the largest changes in payments were the decrease of $5.2 million (or 2.7 percent) in medical assistance and the increase of $1.8 million (or 39.3 percent) in medical assistance for the aged. The increase for the latter program reflected mainly an increase of $2.6 million in New Jersey. As of January 1, 1967, New Jersey expanded its program of medical assistance for the aged to provide hospitalization for aged persons in mental and tuberculosis institutions, and payments made during July included retroactive costs for care provided since January 1.

A number of States made program changes in July that affected assistance payment levels. Georgia, Hawaii, New Hampshire, Vermont, and Washington increased assistance standards in the federally aided programs. Georgia also raised its maximums on individual payments for all programs, and Vermont eliminated maximums in aid to families with dependent children.

To stay within its current State appropriation for aid to families with dependent children, Mississippi reduced the proportion of the budget deficit met in that program from 31 to 27 percent. In Arizona, the legislature did not appropriate funds for the unemployed-parent segment of aid to families with dependent children; as a result, that part of the program was discontinued.

Six jurisdictions--Iowa, Montana, New Hampshire, Nevada, Oregon, and Guam--began operating medical assistance programs under title XIX in July, bringing to 35 the number of States and jurisdictions with such programs in operation.

Table 1. Amount of public assistance payments in the United States, by month

Table 1. Amount of public assistance payments in the United States, by month, July 1966-July 1967[1]

Year and month	Total	Money payments 2/ (In thousands)							Medical vendor payments 3/ (In thousands)					
		Total	Federally aided programs					General assistance 5/	Total	Federally aided programs				General assistance 5/
			Total	Old-age assistance 4/	Aid to the blind 4/	Aid to the permanently and totally disabled 4/	Aid to families with dependent children			Total	Medical assistance 6/	Medical assistance for the aged 4/	Other	
1966	Amount of assistance													
July	$517,921	$357,767	$337,084	$136,174	$7,173	$40,811	$152,925	$20,683	$160,154	$150,311	$107,537	$17,762	$25,012	$9,843
August	536,545	363,888	341,897	137,945	7,219	41,576	155,157	21,991	172,657	163,722	118,515	18,802	26,404	8,935
September	535,603	373,355	350,705	140,257	7,280	42,162	161,006	22,650	162,248	154,210	121,698	11,616	20,896	8,038
October	544,127	374,234	351,519	140,486	7,244	42,524	161,265	22,715	169,893	161,205	135,039	5,823	20,343	8,688
November	576,975	377,609	355,103	140,180	7,208	43,073	164,642	22,505	199,366	191,567	166,286	5,245	20,036	7,799
December	582,219	385,414	361,426	141,084	7,268	43,920	169,155	23,988	196,805	190,513	165,372	5,087	20,054	6,292
1967														
January	568,690	389,316	364,487	140,202	7,217	44,131	172,937	24,829	179,373	174,103	148,367	5,206	20,531	5,270
February	569,489	389,524	364,324	140,204	7,212	44,670	172,237	25,200	179,966	174,451	144,526	5,082	24,842	5,515
March	620,248	400,905	374,008	140,758	7,242	45,433	180,575	26,897	219,343	213,891	186,450	5,027	22,414	5,452
April	632,595	401,616	375,808	140,406	7,242	46,024	182,136	25,808	230,979	225,417	197,895	5,033	22,489	5,562
May	625,654	403,515	377,840	140,858	7,255	46,691	183,036	25,675	222,138	217,023	188,743	5,018	23,262	5,115
June	635,363	405,403	379,629	140,563	7,255	47,254	184,577	25,774	229,960	224,697	196,721	4,649	23,327	5,263
July	633,336	408,221	382,390	141,668	7,295	47,951	185,476	25,831	225,115	220,529	191,505	6,472	22,551	4,586
1966	Percentage change from preceding month													
July	-3.4	+1.6	+1.7	+1.8	+1.1	+2.0	+1.7	-0.4	-12.9	-13.4	+7.5	-36.8	-44.9	-4.5
August	+3.6	+1.7	+1.4	+1.3	+.6	+1.9	+1.5	+6.3	+7.8	+8.9	+10.2	+5.9	+5.6	-9.2
September	-.2	+2.6	+2.6	+1.7	+.8	+1.4	+3.8	+3.0	-6.0	-5.8	+2.7	-38.2	-20.9	-10.0
October	+1.6	+.2	+.2	+.2	-.5	+.9	+.2	-.3	+4.7	+4.5	+11.0	-49.9	-2.6	+8.1
November	+6.0	+.9	+1.0	-.2	-.5	+1.3	+2.3	-.9	+17.3	+18.8	+23.1	-9.9	-1.5	-10.2
December	+.9	+2.1	+1.8	+.6	+.8	+2.0	+2.7	+6.6	-1.0	-.6	-.6	-3.0	+.1	-19.3
1967														
January	-2.3	+1.0	+.8	-.6	-.7	+.5	+2.0	+3.8	-9.2	-8.6	-10.3	+2.3	+2.4	-16.2
February	+.1	+.1	(7/)	(8/)	-.1	+1.2	-.4	+1.5	+.3	+.2	-2.6	-2.4	+21.1	+4.6
March	+8.9	+2.9	+2.7	+.4	+.4	+1.7	+.4	+6.7	+22.6	+22.1	+29.0	-1.1	-9.8	-1.1
April	+2.0	+.2	+.5	-.2	0	+1.3	+.9	-4.1	+5.3	+5.4	+6.1	+.1	+.3	+2.0
May	-1.1	+.5	+.5	+.3	+.2	+1.4	+.5	-.5	-3.9	-3.7	-4.6	-.3	+3.4	-8.0
June	+1.6	+.5	+.5	-.2	0	+1.2	+.8	+.4	+3.5	+3.5	+4.2	-7.4	+.3	+2.9
July	-.3	+.7	+.7	+.8	+.5	+1.5	+.5	+.2	-2.1	-1.9	-2.7	+39.2	-3.3	-12.9
1967	Percentage change from same month of preceding year													
July	+22.3	+14.1	+13.4	+4.0	+1.7	+17.5	+21.3	+25.2	+40.6	+46.7	+78.1	-63.6	-9.8	-53.4

1/ All data subject to revision.
2/ Includes nonmedical vendor payments.
3/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provision of medical services.
4/ Represents data for recipients of the specified types of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for all months, Kentucky beginning February 1967, and Puerto Rico beginning May 1967; data not available. Percentage change from preceding month and from same month of preceding year based on comparable data.
6/ Program initiated January 1966 under Public Law 89-97. Data incomplete.
7/ Decrease of less than 0.05 percent.
8/ Increase of less than 0.05 percent.

Table 2. Number of recipients of public assistance money payments in the United States, by month, July 1966-July 1967[1]

Year and month	Federally aided programs								General assistance 2/	
	Total	Adult programs				Aid to families with dependent children				
		Total	Old-age assistance 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Families	Total recipients 4/	Children	Cases	Recipients
	Number of recipients (In thousands)									
1966										
July	7,189	2,732	2,078	84.4	570	1,076	4,457	3,371	279	574
August	7,217	2,737	2,078	84.4	574	1,084	4,480	3,390	286	597
September	7,256	2,748	2,084	84.4	580	1,091	4,508	3,414	286	597
October	7,284	2,756	2,089	84.1	583	1,097	4,528	3,428	287	600
November	7,316	2,748	2,079	83.8	585	1,108	4,568	3,460	287	611
December	7,410	2,745	2,073	83.7	588	1,127	4,666	3,526	301	663
1967										
January	7,489	2,742	2,068	83.5	590	1,144	4,748	3,582	312	691
February	7,559	2,742	2,066	83.3	592	1,160	4,817	3,630	313	700
March	7,652	2,747	2,066	83.3	597	1,180	4,906	3,692	324	720
April	7,695	2,750	2,064	83.1	602	1,193	4,945	3,720	317	687
May	7,730	2,758	2,066	83.1	609	1,202	4,973	3,739	314	675
June	7,740	2,763	2,065	83.0	615	1,208	4,977	3,744	310	664
July	7,742	2,764	2,062	82.8	618	1,212	4,978	3,745	313	678
	Percentage change from preceding month									
1966										
July	-0.2	-0.1	+0.1	-0.2	-0.7	-0.2	-0.3	-0.3	-2.3	-3.1
August	+.4	+.2	0	0	+.8	+.7	+.5	+.6	+2.2	+3.8
September	+.5	+.4	+.2	0	+.9	+.6	+.6	+.7	+.1	0
October	+.4	+.3	+.3	-.3	+.5	+.5	+.4	+.4	-.2	(6/)
November	+.4	-.3	-.5	-.4	+.3	+1.1	+.9	+1.0	+.2	+1.8
December	+1.3	-.1	-.3	-.1	+.5	+1.7	+2.1	+1.9	+4.8	+8.5
1967										
January	+1.1	-.1	-.2	-.2	+.4	+1.6	+1.8	+1.6	+4.0	+4.9
February	+.9	0	-.1	-.3	+.4	+1.3	+1.5	+1.3	+.4	+1.4
March	+1.2	+.2	0	0	+.9	+1.7	+1.8	+1.7	+3.3	+2.9
April	+.6	+.1	-.1	-.2	+.8	+1.2	+.9	+.9	-1.9	-4.7
May	+.5	+.3	+.1	-.1	+1.1	+.8	+.5	+.5	-1.1	-1.7
June	+.1	+.1	(6/)	-.1	+.9	+.5	+.1	+.1	-1.2	-1.7
July	(5/)	(5/)	-.1	-.2	+.6	+.3	(5/)	+.1	+.7	+2.2
	Percentage change from same month of preceding year									
1967										
July	+7.7	+1.2	-.7	-1.8	+8.5	+12.6	+11.7	+11.1	+12.9	+19.0

1/ All data subject to revision.
2/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for all months, Kentucky, beginning February 1967, and Puerto Rico beginning May 1967; data not available. Percentage change from preceding month and from same month of preceding year based on comparable data.
3/ Represents data for recipients of the specified types of assistance under separate State programs, and under State programs for the aged, blind, or disabled, or for such aid and medical assistance for the aged.
4/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
5/ Increase of less than 0.05 percent.
6/ Decrease of less than 0.05 percent.

Table 3. Old-age assistance: Recipients and payments to recipients, by State, July 1967[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	June 1967 in--		July 1966 in--	
				Number	Amount	Number	Amount
Total 2/....	2,062,000	$141,668,000	$68.70	-0.1	+0.8	-0.7	+4.0
Ala.....	113,000	6,819,000	60.20	+.1	(3/)	+1.2	-.8
Alaska 4/.....	1,400	98,400	70.90	-.1	+.1	+1.5	+2.5
Ariz.....	12,900	734,000	56.80	-.1	+.2	+.1	-.5
Ark. 4/.....	64,600	3,856,000	59.70	+.5	+.3	+6.0	+23.4
Calif.....	290,000	29,430,000	101.45	+.4	+.2	+3.6	+7.8
Colo. 2/.....	40,900	3,293,000	80.55	-.3	+.4	-2.2	-.1
Conn.....	7,300	554,000	76.15	+18.1	+28.0	+33.3	+50.5
Del.....	1,700	112,000	63.95	+.6	+.6	+12.1	+12.2
D. C.....	2,200	154,000	69.70	-2.2	-2.4	-1.6	+2.4
Fla. 4/.....	78,400	3,887,000	49.60	-.1	(5/)	+1.9	+3.5
Ga. 4/.....	94,700	4,889,000	51.60	+.4	+9.8	+1.8	+9.2
Guam 6/.....	200	8,200	40.65	---	---	---	---
Hawaii 4/.....	1,700	139,000	79.60	+1.6	+3.4	+10.4	+22.7
Idaho.....	3,800	250,000	66.50	-.9	-.8	-.2	+8.3
Ill. 4/.....	38,800	2,329,000	60.05	-.5	-.8	-9.2	-2.7
Ind.....	19,500	907,000	46.60	+.4	+1.2	-1.2	-5.9
Iowa.....	24,200	2,474,000	102.05	+1.2	+69.3	-3.9	+74.7
Kans. 4/.....	17,500	1,483,000	84.90	+.9	+3.4	-5.7	+8.2
Ky. 4/.....	60,200	3,364,000	55.90	+.7	+.7	+3.6	+3.0
La.....	124,000	9,108,000	73.25	(3/)	+.1	-3.6	+6.8
Maine 4/.....	10,200	552,000	54.20	-.3	-1.0	-5.3	+.5
Md. 4/.....	7,800	476,000	60.90	-.4	+.5	-1.1	+5.1
Mass.....	49,500	3,936,000	79.55	-.2	-.7	+2.9	-3.4
Mich.....	39,700	2,710,000	68.25	(3/)	+.1	(5/)	-.3
Minn.....	26,100	1,590,000	60.80	-.9	-.2	-18.4	-5.7
Miss.....	75,000	2,927,000	39.05	+.1	-.1	+1.5	-.1
Mo.....	89,000	6,081,000	68.35	-.3	-.2	-3.2	-1.8
Mont.....	3,900	254,000	64.85	+.6	+3.4	-5.3	-5.0
Nebr. 4/.....	9,000	502,000	55.60	-3.1	+.2	-15.0	+1.6
Nev.....	2,500	182,000	72.15	+2.4	-1.6	+8.0	+4.8
N. H.....	4,100	410,000	98.95	-.8	-.7	-1.8	-.6
N. J.....	13,700	1,033,000	75.20	+.4	+.7	+1.2	+13.5
N. Mex. 4/.....	9,600	550,000	57.50	+.1	+.1	-.9	-.3
N. Y. 4/.....	69,300	5,999,000	86.50	+.2	+2.7	+9.6	+25.5
N. C.....	39,500	2,419,000	61.15	+.2	+.8	-4.7	+5.2
N. Dak. 4/.....	4,400	345,000	79.00	+.3	+2.6	-10.7	+7.5
Ohio.....	68,300	4,751,000	69.60	-4.5	-14.8	-8.3	-18.8
Okla. 4/.....	80,300	5,992,000	74.60	-.1	-.1	-.4	+2.4
Oreg.....	9,300	569,000	60.90	-15.6	+.4	-21.2	+.1
Pa.....	43,800	3,306,000	75.50	+.1	+1.0	+1.8	+6.6
P. R. 4/.....	23,600	212,000	9.00	-2.9	-.8	-12.3	-8.6
R. I. 4/.....	4,500	259,000	57.70	-.5	+.7	-6.6	-1.3
S. C.....	21,900	907,000	41.35	-.1	-.1	-7.1	-7.9
S. Dak.....	5,600	349,000	62.35	+1.2	+.5	-10.9	+6.1
Tenn.....	47,000	2,497,000	53.10	+.9	+.7	+6.1	+1.6
Tex.....	229,000	14,198,000	61.95	+.1	+.1	+.7	-.3
Utah.....	4,500	268,000	59.20	-1.0	-2.4	-6.1	+4.3
Vt. 4/.....	4,200	279,000	65.80	+.2	+.7	-7.6	+5.3
V. I.....	400	15,300	38.15	0	-.2	-4.3	-2.4
Va.....	11,100	606,000	54.65	+.6	+.7	-4.2	+2.9
Wash.....	26,300	1,807,000	68.65	-.2	+1.8	-4.5	+3.6
W. Va.....	11,800	669,000	56.50	-1.1	-.3	-9.8	+13.4
Wis.....	17,200	992,000	57.85	-.7	-.6	-29.8	-.4
Wyo.....	2,100	135,000	65.20	-8.7	-15.6	-9.7	-15.3

1/ All data subject to revision.
2/ Includes 3,700 recipients aged 60-64 in Colorado and payments of $339,000 to these recipients. Such payments were made without Federal participation.
3/ Increase of less than 0.05 percent.
4/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Decrease of less than 0.05 percent.
6/ Data for June; July data not reported.

4/ Includes as recipients the children [illegible] were considered in determining the amount of assistance.
3/ Increase of less than 0.05 percent.
5/ Decrease of less than 0.05 percent.

Table 4. Aid to the blind: Recipients and payments to recipients, by State, July 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	June 1967 in--		July 1966 in--	
				Number	Amount	Number	Amount
Total 2/ 3/.....	82,800	$7,295,000	$88.05	-0.2	+0.5	-1.8	+1.7
Ala.....	1,800	130,000	70.40	+.2	+.5	-1.1	+4.4
Alaska 4/.....	96	8,300	86.25	(5/)	(5/)	-11.1	-6.9
Ariz.....	720	50,500	70.35	-.7	-.7	-6.1	-8.7
Ark. 4/.....	1,900	137,000	71.05	0	-.1	+2.0	+17.9
Calif. 2/.....	12,400	1,648,000	132.90	-.1	+.1	+.1	+3.2
Colo.....	210	15,300	72.65	-1.4	-1.5	-6.6	-5.8
Conn.....	260	19,900	76.95	-1.9	-7.4	-6.5	-6.3
Del.....	340	28,100	83.30	+.6	-.3	+.9	+6.0
D. C.....	190	16,800	88.85	-4.1	+2.9	-3.1	+9.7
Fla. 4/.....	2,600	164,000	63.55	+.2	+1.0	-.2	+.9
Ga. 4/.....	3,200	196,000	62.15	0	+8.5	-.5	+7.8
Guam 6/.....	6	200	(5/)	---	---	---	---
Hawaii 4/.....	70	6,800	96.70	(5/)	(5/)	(5/)	(5/)
Idaho.....	110	8,600	81.15	-.9	-2.5	-4.5	+11.6
Ill. 4/.....	1,900	144,000	76.00	-.5	-.2	-8.4	-.2
Ind.....	1,600	100,000	64.40	-.8	+.5	-3.1	-3.5
Iowa.....	1,000	112,000	106.65	-.4	+13.5	+.6	+16.2
Kans. 4/.....	410	36,300	89.30	-.5	+.8	-7.1	+.7
Ky. 4/.....	2,600	179,000	69.80	+1.5	+1.3	+3.0	+2.8
La.....	2,500	193,000	76.55	0	+.4	-3.8	-5.4
Maine 4/.....	230	16,700	73.05	+1.3	+.8	-.4	-.6
Md. 4/.....	340	26,700	78.70	+.6	+4.9	-1.2	+7.3
Mass.....	2,300	276,000	118.90	+1.4	+3.4	+1.4	-13.9
Mich.....	1,500	124,000	84.85	-.7	+.4	-4.3	-.7
Minn.....	840	63,500	75.90	-.1	-2.2	-10.9	-3.6
Miss.....	2,500	115,000	46.80	-.4	-.1	+.2	+1.5
Mo. 2/.....	4,000	318,000	80.00	-.4	-.4	-4.9	-4.9
Mont.....	180	14,400	82.20	+3.6	+6.9	-18.2	-8.5
Nebr. 4/.....	390	29,800	76.50	-2.3	+3.8	-17.6	+1.0
Nev.....	150	13,200	88.40	-2.6	-2.8	-19.7	-12.6
N. H.....	240	25,100	102.45	-.4	-1.8	+.8	-2.2
N. J.....	900	80,400	89.30	+.3	-1.6	+2.0	+11.7
N. Mex. 4/.....	360	26,500	74.55	+.8	+2.2	+2.6	+9.4
N. Y. 4/.....	3,100	329,000	105.40	-1.1	+1.3	+2.9	+13.3
N. C. 6/.....	4,700	347,000	74.55	---	---	---	---
N. Dak. 4/.....	85	7,400	86.55	(5/)	(5/)	(5/)	(5/)
Ohio.....	2,900	210,000	71.75	-1.3	-7.4	-3.5	-8.9
Okla. 4/.....	1,500	161,000	105.10	-1.4	-1.1	-3.2	-2.8
Oreg.....	500	45,700	91.40	-1.6	+2.5	+2.2	+9.6
Pa. 3/.....	9,900	1,079,000	109.40	-.4	+.8	+.6	+3.3
P. R. 4/.....	1,200	9,500	8.20	+3.1	-1.1	-8.5	-13.7
R. I. 4/.....	110	8,000	71.75	-1.8	-1.4	+8.8	+5.3
S. C.....	1,900	104,000	55.35	+.6	+.8	-.2	-1.7
S. Dak.....	120	9,300	80.50	+.9	-1.1	+6.5	+25.7
Tenn.....	1,800	123,000	67.50	-.5	(7/)	-4.4	-4.3
Tex.....	4,200	314,000	74.95	-.3	-.2	-3.0	+1.3
Utah.....	140	9,500	67.70	-.7	+1.5	-10.8	-.3
Vt. 4/.....	110	8,300	78.70	-2.8	+4.4	-.9	+12.6
V. I.....	9	340	(5/)	(5/)	(5/)	(5/)	(5/)
Va.....	1,100	79,700	72.35	-.1	-.4	-.6	+12.1
Wash.....	510	44,300	86.45	-.4	+1.7	-8.6	+8.5
W. Va.....	630	34,600	54.75	-2.3	+.5	-15.5	+2.3
Wis.....	610	45,600	74.70	-.8	+.6	-13.2	+3.3
Wyo.....	48	3,300	(5/)	(5/)	(5/)	(5/)	(5/)

1/ All data subject to revision.
2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $17,400 to 100 recipients and Missouri, $46,900 to 580 recipients.
3/ Does not include $578,000 to an estimated 7,700 recipients under State blind pension program in Pennsylvania administered under State law without Federal participation.
4/ Represents aid to the blind under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
6/ Data for June; July data not reported.
7/ Decrease of less than 0.05 percent.

Table 5. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, July 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	June 1967 in--		July 1966 in--	
				Number	Amount	Number	Amount
Total.....	618,000	$47,951,000	$77.55	+0.6	+1.5	+8.5	+17.5
Ala.....	15,300	692,000	45.30	+.4	+.3	+1.9	+2.4
Alaska 2/....	360	27,200	76.55	+2.9	+2.0	+25.4	+31.9
Ariz.....	5,600	369,000	66.40	+3.2	+3.6	+24.3	+24.2
Ark. 2/.....	11,200	718,000	63.90	+.3	-.1	+13.0	+26.9
Calif.....	110,000	12,732,000	115.40	+1.7	+1.2	+25.3	+33.0
Colo.....	6,900	442,000	63.95	-.2	-1.8	+4.6	+7.7
Conn.....	4,400	390,000	88.50	-16.5	-11.9	-36.7	-12.7
Del.....	870	80,400	92.65	+6.8	+6.3	+56.4	+67.1
D. C.....	4,100	343,000	84.55	-2.0	-.6	+16.3	+28.3
Fla. 2/.....	21,100	1,272,000	60.35	+.6	+.8	+8.8	+11.7
Ga. 2/.....	28,400	1,709,000	60.25	+.3	+8.8	+1.6	+9.5
Guam 3/.....	45	2,400	(4/)	---	---	---	---
Hawaii 2/....	1,400	153,000	108.45	+1.4	+2.5	+17.5	+32.1
Idaho.....	2,600	188,000	73.50	+.7	+1.1	-2.5	+22.5
Ill. 2/.....	30,300	2,331,000	77.05	(5/)	+.1	+4.3	+8.0
Ind.....	2,500	115,000	46.65	+3.9	+8.1	+34.2	+24.0
Iowa.....	2,000	249,000	127.10	+1.5	+97.2	+25.6	+155.5
Kans. 2/.....	5,500	609,000	109.70	+.4	+.7	+9.7	+22.0
Ky. 2/.....	13,600	948,000	69.85	+.3	(6/)	+10.0	+10.4
La.....	22,300	1,154,000	51.70	+.4	+1.3	+6.0	+.1
Maine 2/.....	2,400	177,000	73.40	+1.6	+.9	+6.1	+11.5
Md. 2/.....	10,800	820,000	76.15	+3.7	+4.5	+33.5	+40.6
Mass.....	13,600	1,204,000	88.60	+.5	+1.2	+2.5	+11.0
Mich.....	16,500	1,340,000	81.10	+1.4	+1.9	+9.8	-1.0
Minn.....	7,400	545,000	73.50	+1.6	+2.5	+30.1	+38.0
Miss.....	21,400	993,000	46.30	+.2	(5/)	+4.4	+6.4
Mo.....	16,500	1,204,000	73.05	+.3	+.3	+4.9	+5.4
Mont.....	1,400	106,000	77.45	-.2	+1.9	-9.0	+4.9
Nebr. 2/.....	3,100	196,000	63.10	+.8	+3.6	+8.9	+17.0
N. H.....	690	62,300	90.20	+2.2	+1.3	+1.8	+1.3
N. J.....	9,200	808,000	87.70	+.6	+1.2	+5.9	+19.1
N. Mex. 2/...	4,800	335,000	70.30	+1.1	+1.1	+12.2	+13.5
N. Y. 2/.....	37,700	3,587,000	95.10	-.3	+2.3	+11.6	+21.0
N. C.....	23,100	1,543,000	66.75	+.4	+.7	+3.0	+9.8
N. Dak. 2/...	1,800	149,000	83.75	+1.0	+1.2	+11.2	+26.4
Ohio.....	21,400	1,448,000	67.70	-.6	-6.5	+6.5	+.5
Okla. 2/.....	19,200	1,822,000	94.95	+.6	+.5	+15.7	+16.0
Oreg.....	5,100	406,000	79.75	-3.8	+1.4	-4.6	+3.3
Pa.....	25,500	1,890,000	74.00	+1.5	+1.4	+21.9	+26.3
P. R. 2/.....	14,200	109,000	7.65	+1.2	-1.1	-28.0	-36.5
R. I. 2/.....	3,200	244,000	77.10	+1.1	+1.8	+9.0	+11.9
S. C.....	9,300	448,000	48.25	-.1	+.2	-.1	+.5
S. Dak.....	1,300	85,400	64.40	+1.1	+.8	+9.8	+17.6
Tenn.....	16,400	1,072,000	65.50	+1.3	+1.6	+11.6	+12.5
Tex.....	11,500	701,000	61.00	+1.0	+1.2	+10.0	+13.6
Utah.....	3,400	213,000	62.50	-.8	-.5	+2.0	+13.6
Vt. 2/.....	1,300	109,000	82.95	+1.5	+7.1	+11.0	+31.0
V. I.....	50	2,100	41.45	(4/)	(4/)	(4/)	(4/)
Va.....	7,000	451,000	64.55	+.6	+.7	+4.8	+10.8
Wash.....	9,500	723,000	76.10	+2.4	+6.8	-20.8	+14.0
W. Va.....	5,800	304,000	52.45	+1.3	+1.6	-1.0	+22.2
Wis.....	4,500	278,000	62.10	+.8	+22.2	-9.7	+13.8
Wyo.....	800	55,100	69.15	-2.7	-5.7	+8.3	+6.9

1/ All data subject to revision.
2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
3/ Represents data for June; July data not reported.
4/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
5/ Decrease of less than 0.05 percent.
6/ Increase of less than 0.05 percent.

Table 6. Aid to families with dependent children: Recipients and payments to recipients, by State, July 1967[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		June 1967 in--		July 1966 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/...	1,212,000	4,978,000	3,745,000	$185,476,000	$153.05	$37.25	(4/)	+0.5	+11.7	+21.3
Ala.	17,200	71,200	56,900	907,000	52.85	12.75	-.1	+.1	+.8	+1.1
Alaska	1,300	5,000	3,900	175,000	130.25	34.85	-.8	-.6	+4.0	+3.1
Ariz.	10,200	43,000	32,700	1,235,000	120.55	28.70	-.6	(5/)	+2.0	+2.9
Ark.	8,800	36,600	27,800	715,000	80.95	19.50	+.1	+.3	+15.9	+37.9
Calif. 3/	190,000	759,000	556,000	33,375,000	175.65	44.00	-1.9	-1.9	+17.1	+19.1
Colo. 3/	13,700	53,400	40,800	1,999,000	146.20	37.45	-1.0	-.8	+7.8	+9.7
Conn. 3/	14,300	56,900	42,700	2,765,000	193.95	48.55	+1.4	+2.8	+11.9	+19.6
Del. 3/	3,400	14,500	11,000	459,000	134.95	31.75	+.6	-.1	+20.3	+26.0
D. C.	5,200	24,300	19,500	914,000	176.05	37.65	+.3	(4/)	+8.9	+22.2
Fla.	36,200	143,000	114,000	2,177,000	60.20	15.25	+.6	+.8	+14.2	+13.7
Ga.	24,200	96,200	74,200	2,449,000	101.00	25.45	+.6	+8.4	+15.1	+24.6
Guam 6/	160	850	720	20,100	124.10	23.75	---	---	---	---
Hawaii 3/	4,200	18,500	13,700	838,000	197.30	45.25	+2.4	+6.9	+21.7	+27.3
Idaho	3,000	11,300	8,200	528,000	178.70	46.70	-.1	+.8	+15.7	+37.7
Ill. 3/	54,800	257,000	201,000	10,767,000	196.40	41.95	(4/)	+1.2	+3.6	+7.0
Ind.	11,800	49,200	37,300	1,510,000	128.10	30.70	-.1	+7.8	+4.9	+17.5
Iowa	11,400	44,800	32,800	1,932,000	168.75	43.15	-.6	-.7	+1.1	+15.0
Kans. 3/	8,900	37,100	28,900	1,601,000	179.40	43.15	+2.2	+2.1	+9.9	+32.1
Ky.	25,000	98,600	71,600	2,764,000	110.60	28.00	+1.9	+2.2	+19.8	+20.6
La.	27,000	116,000	89,600	2,777,000	103.00	23.90	+.5	+1.0	+8.5	+8.9
Maine	5,600	20,700	15,200	617,000	111.05	29.80	-1.0	-.9	+8.6	+8.9
Md. 3/	24,900	101,000	77,700	3,877,000	155.85	38.50	+.9	+3.1	+11.8	+19.6
Mass. 3/	33,200	124,000	93,200	6,647,000	200.05	53.45	+1.9	+3.2	+18.9	+42.1
Mich. 3/	40,700	168,000	127,000	7,159,000	176.05	42.55	+.1	+1.1	+8.2	+33.7
Minn.	15,400	56,400	43,700	2,795,000	181.25	49.50	+.1	+2.1	+5.9	+11.9
Miss.	22,400	93,600	75,600	779,000	34.75	8.30	+.4	-10.7	+9.7	+15.6
Mo.	26,200	109,000	84,300	2,721,000	103.70	24.90	(4/)	-.1	+1.9	+1.1
Mont.	2,400	9,300	7,200	353,000	147.50	37.90	-.3	+1.5	+10.5	+14.0
Nebr. 3/	5,200	21,100	16,200	765,000	146.65	36.35	+.7	+25.0	+13.3	+43.9
Nev.	1,700	6,900	5,400	217,000	124.65	31.55	-1.2	-1.3	+24.7	+28.9
N. H.	1,400	5,600	4,200	221,000	163.35	39.75	-.1	+.7	+12.1	+12.8
N. J.	33,500	134,000	102,000	7,519,000	224.65	56.05	+.9	+.8	+15.6	+31.4
N. Mex.	8,800	36,400	27,700	1,116,000	127.00	30.65	+1.4	+1.5	+14.6	+19.1
N. Y. 3/	176,000	710,000	521,000	38,542,000	218.85	54.30	+1.0	-.5	+24.1	+32.6
N. C.	25,500	105,000	79,300	2,616,000	102.55	24.90	-3.5	-2.8	-.8	+4.4
N. Dak.	2,200	9,100	6,900	417,000	186.45	45.95	-.3	+1.0	+12.4	+25.2
Ohio 3/	48,100	200,000	151,000	6,717,000	139.55	33.55	+.7	+1.0	+8.1	+9.4
Okla. 3/	22,100	86,600	65,200	2,985,000	135.30	34.45	-.5	-.5	+10.9	+12.4
Oreg. 3/	9,500	36,000	25,900	1,455,000	152.85	40.40	-7.2	-4.3	+15.7	+28.3
Pa. 3/	62,000	266,000	197,000	9,884,000	159.45	37.15	-.1	+2.1	+9.6	+27.3
R. I.	38,500	180,000	137,000	766,000	19.85	4.25	+2.3	-.5	-2.5	+2.0
R. I. 3/	7,200	28,200	20,700	1,182,000	163.50	42.00	+2.4	+3.3	+11.6	+20.3
S. C.	6,300	24,600	19,900	425,000	66.95	17.25	-.7	-.2	-5.5	+1.7
S. Dak.	3,600	13,600	10,300	570,000	156.70	42.00	+3.1	+3.6	+10.7	+36.8
Tenn.	22,700	91,000	70,000	2,436,000	107.40	26.75	+.5	+.8	+10.2	+10.5
Tex.	23,500	105,000	79,700	2,239,000	95.15	21.30	-.7	-.6	+8.0	+7.8
Utah 3/	5,900	23,500	17,000	908,000	153.30	38.70	-.6	+3.4	+9.8	+16.9
Vt.	1,900	7,200	5,200	299,000	155.80	41.80	+1.1	+42.9	+22.9	+76.7
V. I.	380	1,700	1,400	41,300	107.90	24.60	+16.5	+1.9	+35.0	+62.5
Va.	12,800	54,000	41,600	1,577,000	122.85	29.20	-.2	+.7	+14.2	+30.9
Wash. 3/	15,400	58,200	41,900	2,753,000	178.40	47.30	-1.5	+5.3	+17.0	+31.8
W. Va. 3/	20,800	96,700	68,200	2,432,000	117.00	25.15	-.6	-.4	-5.8	-3.0
Wis. 3/	13,600	54,500	41,500	2,377,000	175.15	43.65	+.5	+.7	+22.4	+24.9
Wyo.	1,100	4,300	3,300	161,000	140.70	37.55	-1.2	-.1	+3.7	+6.1

1/ All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Includes data on unemployed-parent segment; see table 7.
4/ Increase of less than 0.05 percent.
5/ Decrease of less than 0.05 percent.
6/ Represents data for June; July data not reported.

Table 7. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, by State, July 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		June 1967 in--		July 1966 in--	
		Total 2/	Children	Total	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total....	60,400	346,000	234,000	$12,515,000	$207.05	$36.20	-6.2	-6.4	+16.3	+26.2
Calif.....	22,400	129,000	87,400	4,584,000	204.65	35.60	-10.5	-13.2	+26.7	+31.4
Colo.....	1,300	7,200	4,900	274,000	207.75	37.90	-4.3	-4.3	+108.5	+122.3
Conn.....	580	3,300	2,200	125,000	214.80	38.10	-.1	+26.1	+13.6	+23.3
Del.....	200	1,200	850	36,200	177.60	29.50	-5.9	-7.7	+52.9	+54.3
Hawaii.....	340	2,100	1,400	82,000	238.45	39.05	+3.0	+6.1	+33.8	+40.6
Ill.....	2,900	18,900	13,200	733,000	251.45	38.85	-1.8	-.5	-9.0	-4.8
Kans.....	200	1,300	860	44,600	222.75	35.40	+4.9	+8.4	-12.4	-5.5
Md.....	340	1,900	1,300	63,500	188.50	32.95	+8.3	+6.6	+32.5	+37.9
Mass.....	600	3,500	2,500	173,000	290.55	49.20	+5.0	+3.0	+16.2	+35.3
Mich.....	1,600	10,700	7,400	421,000	255.50	39.40	-6.8	-3.4	+1.4	+37.0
Nebr.....	53	390	290	11,500	216.60	29.35	+5.7	+44.2	+220.5	+344.3
N. Y.....	13,700	72,800	49,400	3,251,000	236.90	44.65	-2.2	-2.4	+20.0	+30.7
Ohio.....	2,800	17,400	11,900	542,000	192.05	31.15	+.4	+.9	+3.2	+2.7
Okla.....	570	3,400	2,300	110,000	192.95	32.45	+1.0	+.6	+766.9	+764.3
Oreg.....	700	4,000	2,600	138,000	198.75	34.85	-48.5	-48.1	+15.2	+18.0
Pa.....	2,500	14,700	9,800	415,000	163.30	28.25	-4.0	+4.2	+13.0	+29.6
R. I.....	330	1,900	1,200	63,400	189.95	33.40	+13.0	+12.7	+22.0	+27.1
Utah.....	820	4,700	3,200	110,000	134.00	23.40	+6.3	-3.5	+4.7	+1.7
Wash.....	900	4,500	2,800	192,000	214.15	42.55	-12.1	(3/)	+90.0	+143.4
W. Va.....	6,900	40,200	26,900	1,029,000	148.40	25.60	-.3	+.4	-10.5	-2.0
Wis.....	500	2,800	1,900	115,000	230.70	41.15	+7.7	+7.4	+54.9	+73.9

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.

2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.

3/ Increase of less than 0.05 percent.

Table 8. Amount of vendor payments for medical care for recipients of public assistance, by program and State, July 1967[1]

State	Total 2/	Percentage change from--		Medical assistance	Medical assistance for the aged	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
		June 1967	July 1966							
Total	3/ $225,115,000	-2.1	+46.1	$191,905,000	$6,472,000	$16,978,000	$238,000	$3,144,000	$2,191,000	$4,586,000
Ala.	1,231,000	-1.9	-10.6	---	1,100	1,117,000	4,000	109,000	200	---
Alaska 4/	64,900	+39.4	-31.6	---	---	5,600	---	8,400	---	51,000
Ariz.	144,000	-4.4	+60.5	---	720	143,000	---	---	---	---
Ark. 5/	1,641,000	+7.4	+10.1	---	89,800	1,110,000	26,400	354,000	60,600	---
Calif.	43,690,000	+10.5	+10.7	43,690,000	---	---	---	---	---	---
Colo.	1,971,000	-6.0	+5.7	---	5/ 1,181,000	397,000	4,500	171,000	181,000	36,600
Conn.	2,915,000	-17.1	+14.4	2,915,000	---	---	---	---	---	---
Del.	146,000	-47.3	+153.4	146,000	---	---	---	---	---	---
D. C.	233,000	(6/)	-47.1	---	215,000	5,200	180	6,400	5,400	1,300
Fla. 4/	1,965,000	+2.4	-7.9	---	---	1,552,000	22,100	270,000	141,000	---
Ga. 4/	1,916,000	+1.1	+38.9	---	---	1,424,000	16,900	370,000	105,000	---
Guam 7/	3,800	---	---	3,800	---	---	---	---	---	---
Hawaii	458,000	-52.6	+20.5	458,000	---	---	---	---	---	---
Idaho	446,000	-29.8	-.2	446,000	---	---	---	---	---	---
Ill.	9,397,000	+21.4	+20.3	8,589,000	---	---	---	---	---	811,000
Ind.	2,203,000	-.9	+10.5	---	320,000	1,164,000	72,500	277,000	370,000	---
Iowa	2,106,000	+10.7	-9.8	1,920,000	---	---	---	---	---	8/ 186,000
Kans.	3,130,000	+27.0	+28.5	2,897,000	---	---	---	---	---	233,000
Ky.	1,886,000	-44.0	+.2	1,886,000	---	---	---	---	---	---
La.	2,727,000	-17.4	+31.6	2,687,000	---	---	---	---	---	39,400
Maine	758,000	-25.5	+332.6	690,000	---	---	---	---	---	67,800
Md. 9/	3,800,000	---	---	3,800,000	---	---	---	---	---	---
Mass.	11,991,000	-30.4	+25.1	11,774,000	---	---	---	---	---	216,000
Mich.	7,007,000	-28.9	-5.4	6,887,000	---	---	---	---	---	120,000
Minn. 9/	6,616,000	---	---	6,400,000	---	---	---	---	---	216,000
Miss.	248,000	+22.8	(6/)	---	---	210,000	3,000	35,700	---	---
Mo.	1,311,000	+17.4	+6.3	---	---	1,034,000	---	148,000	90,700	38,600
Mont.	550,000	-14.1	-18.2	248,000	---	---	---	---	---	302,000
Nebr.	1,082,000	-41.3	+122.1	1,082,000	---	---	---	---	---	---
Nev.	182,000	+12.0	-56.9	168,000	---	---	---	---	---	14,600
N. H.	84,000	-62.6	-72.0	84,000	---	---	---	---	---	---
N. J.	5,368,000	+38.6	+89.7	---	5/ 4,044,000	227,000	13,100	388,000	470,000	286,000
N. Mex. 9/	1,000,000	---	---	1,000,000	---	---	---	---	---	---
N. Y.	53,894,000	+.8	+260.2	53,894,000	---	---	---	---	---	---
N. C.	1,698,000	+8.9	+1.1	---	167,000	356,000	26,500	638,000	411,000	99,900
N. Dak.	884,000	+6.7	+17.6	872,000	---	---	---	---	---	12,100
Ohio	5,219,000	-.4	+46.7	4,405,000	---	---	---	---	---	813,000
Okla.	4,459,000	-3.8	+13.7	4,459,000	---	---	---	---	---	---
Oreg.	1,096,000	-10.1	-13.8	1,006,000	---	---	---	---	---	89,100
Penn.	11,064,000	-1.9	+19.6	11,064,000	---	---	---	---	---	---
P. R.	2,297,000	-41.8	---	2,297,000	---	---	---	---	---	---
R. I.	1,658,000	-6.8	+19.7	1,580,000	---	---	---	---	---	77,800
S. C.	600,000	-54.7	+68.0	---	---	502,000	24,100	72,800	87	1,100
S. Dak. 10/	555,000	-4.6	+44.0	---	270,000	157,000	800	41,400	---	85,800
Tenn.	1,215,000	-3.8	+7.1	---	113,000	940,000	4,000	72,000	85,900	---
Tex.	6,531,000	+50.6	+101.3	---	---	6,252,000	2,800	84,300	191,000	---
Utah	713,000	-11.0	+6.3	711,000	---	---	---	---	---	2,500
Vt.	409,000	-47.9	+3.5	409,000	---	---	---	---	---	---
V. I.	(3/)	---	---	(3/)	---	---	---	---	---	---
Va.	677,000	-8.8	-5.8	---	71,000	355,000	16,700	144,000	65,100	25,800
Wash.	5,643,000	+36.3	+70.5	5,643,000	---	---	---	---	---	---
W. Va.	449,000	-46.6	+42.9	426,000	---	---	---	---	---	22,900
Wis.	7,087,000	---	+43.0	7,013,000	---	---	---	---	---	74,200
Wyoming	97,600	-40.1	-13.3	---	---	27,000	620	15,100	12,300	42,600

1/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provisions of medical services. All data subject to revision.
2/ Data incomplete for general assistance. Some States do not report these data and for some the data represent only partial reporting. The total includes an estimated amount for these States.
3/ Data not reported by Virgin Islands.
4/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Excludes small amount of money payments not subject to Federal participation.
6/ Not shown; increase of 1,000 percent or more.
7/ Data for June; July data not reported.
8/ Partly estimated.
9/ Estimated.
10/ Title XIX plan approved effective July, but payments for medical services under plan will not be initiated until October 1967.

Table 9. Amount of medical vendor payments for public assistance programs under the Social Security Act, by form of payment and State, July 1967[1]

State	Total	Form of medical vendor payments			
		Payments to vendors directly or through fiscal agent	Premium or per capita payments		
			Into agency pooled fund	Into Social Security Administration system	To health-insuring agency
Total 2/	$220,528,000	$167,221,000	$5,312,000	$45,867,000	$2,131,000
Title XIX States 2/	191,506,000	143,842,000	3,190,000	44,358,000	117,000
Other States	29,022,000	23,379,000	2,122,000	1,509,000	2,014,000
Title XIX States					
Calif	43,690,000	---	---	43,690,000	---
Conn	2,915,000	2,886,000	---	28,600	---
Del	146,000	146,000	---	---	---
Guam 3/	3,800	3,800	---	---	---
Hawaii	458,000	458,000	---	---	---
Idaho	446,000	446,000	---	---	---
Ill	8,585,000	8,585,000	---	---	---
Iowa	1,920,000	1,846,000	---	74,500	---
Kans	2,897,000	2,897,000	---	---	---
Ky	1,886,000	1,886,000	---	---	---
La	2,687,000	2,687,000	---	---	---
Maine	690,000	650,000	---	40,900	---
Md. 3/	3,800,000	3,800,000	---	---	---
Mass	11,774,000	11,703,000	---	71,600	---
Mich	6,887,000	6,887,000	---	---	---
Minn 3/	6,400,000	6,400,000	---	---	---
Mont	248,000	236,000	---	12,300	---
Nebr	1,082,000	1,053,000	---	28,800	---
Nev	168,000	168,000	---	---	---
N. H	84,000	71,300	---	12,700	---
N. Mex. 3/	1,000,000	1,000,000	---	---	---
N. Y	53,854,000	53,719,000	---	135,000	---
N. Dak	872,000	872,000	---	---	---
Ohio	4,405,000	4,405,000	---	---	---
Okla	4,459,000	1,023,000	3,190,000	246,000	---
Oreg	1,006,000	1,006,000	---	---	---
Pa	11,064,000	11,064,000	---	---	---
P. R	2,297,000	2,297,000	---	---	---
R. I	1,580,000	1,580,000	---	---	---
Utah	711,000	711,000	---	---	---
Vt	409,000	396,000	---	13,100	---
Wash	5,643,000	5,526,000	---	---	117,000
W. Va	426,000	426,000	---	---	---
Wis	7,013,000	7,008,000	---	4,500	---
Other States					
Ala	1,231,000	1,231,000	---	---	---
Alaska	13,900	13,900	---	---	---
Ariz	144,000	110,000	---	33,700	---
Ark	1,641,000	1,447,000	---	195,000	---
Colo	1,935,000	1,651,000	---	112,000	172,000
D. C	232,000	232,000	---	---	---
Fla	1,985,000	1,748,000	---	238,000	---
Ga	1,916,000	1,916,000	---	---	---
Ind	2,203,000	1,913,000	---	61,400	228,000
Miss	248,000	248,000	---	---	---
Mo	1,272,000	1,272,000	---	---	---
N. J	5,082,000	5,007,000	---	74,800	---
N. C	1,598,000	578,000	1,020,000	---	---
S. C	599,000	531,000	---	68,300	---
S. Dak. 4/	469,000	453,000	---	16,700	---
Tenn	1,215,000	113,000	1,102,000	---	---
Tex	6,531,000	4,276,000	---	679,000	1,576,000
Va	682,000	584,000	---	29,900	37,700
Wyo	55,000	55,000	---	---	---

1/ All data subject to revision.
2/ Data not reported by the Virgin Islands.
3/ Estimated.
4/ Title XIX plan approved effective July, but payments for medical services under plan will not be initiated until October 1967.

4/ Title XIX plan approved effective July, but payments for medical services under plan will not be initiated until October 1967.

Table 10. General assistance: Recipients and payments to recipients, by State, July 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		June 1967 in--		July 1966 in--	
	Cases	Recipients	Total amount	Cases	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	313,000	678,000	$25,831,000	$82.60	$38.10	+2.2	+0.2	+19.0	+25.2
Ala.	93	93	1,200	13.45	13.45	(3/)	(3/)	(3/)	(3/)
Alaska	230	780	14,800	64.55	19.05	+32.1	+45.9	+10.7	+18.3
Ariz.	1,400	3,700	79,100	54.80	21.25	-27.2	-23.7	-16.6	-26.8
Ark.	330	1,200	4,500	13.75	3.85	+12.2	+7.6	-2.4	-12.5
Calif.	28,300	48,000	2,120,000	74.85	44.20	+14.3	-2.4	+27.9	+51.5
Colo.	970	3,100	38,400	39.55	12.55	-17.1	-3.9	-9.1	-10.6
Conn.	4/ 4,700	4/ 13,500	4/ 358,000	75.85	26.50	+13.1	+12.7	+18.8	+21.4
Del.	1,500	2,900	82,600	56.20	28.50	+.7	-2.6	+6.0	+7.9
D. C.	940	1,000	81,200	86.60	80.60	-.8	-1.8	+.1	+10.4
Fla. 5/	7,900	(6/)	242,000	---	---	---	---	---	---
Ga.	2,000	5,200	73,800	36.25	14.15	+2.1	-6.5	-2.7	-2.3
Guam 7/	29	37	1,200	(3/)	(3/)	---	---	---	---
Hawaii	1,300	2,200	124,000	95.30	56.20	+1.3	+4.6	+31.6	+21.5
Ill.	21,500	50,800	1,981,000	92.05	38.95	+2.2	+3.4	+17.4	+19.7
Iowa	3,700	7,900	150,000	---	---	---	---	---	---
Kans.	2,300	5,100	212,000	90.50	41.60	-2.5	+6.2	+11.2	+24.2
La.	5,900	6,500	303,000	50.90	46.30	0	+.9	-6.9	-12.4
Maine	1,900	6,500	81,000	41.75	12.50	+8.3	-9.1	+10.9	-3.9
Md.	7,600	8,500	615,000	80.90	72.00	-1.3	-1.1	-6.6	-5.8
Mass.	8,300	17,400	742,000	89.10	42.55	+4.6	+2.0	+25.6	+35.5
Mich.	16,200	53,600	1,701,000	105.30	31.70	+2.5	-1.1	+15.4	+1.1
Minn.	5,200	15,700	430,000	82.80	27.45	-5.6	-5.4	-7.3	-8.9
Miss.	1,300	1,600	24,000	18.70	14.85	+1.9	+5.9	+19.4	+12.5
Mo.	9,500	12,100	637,000	66.95	52.45	-.9	-1.8	+4.1	-.2
Mont.	790	2,400	43,200	54.80	18.35	-17.4	-19.2	+1.4	+2.7
Nev.	290	640	14,900	51.50	23.45	-10.4	+10.4	-12.3	-46.0
N. H.	720	2,200	45,600	63.45	20.80	-3.9	-5.9	+11.8	+21.6
N. J. 8/	11,100	34,300	1,393,000	126.00	40.65	+1.7	-1.9	+29.3	+34.0
N. Mex.	440	790	22,200	50.10	28.05	+15.8	+18.6	+44.3	+115.4
N. Y.	70,700	150,000	7,730,000	109.30	51.65	+.4	-.7	+33.0	+42.6
N. C.	1,500	4,000	39,400	25.95	9.95	-7.3	-6.0	+2.5	+17.7
N. Dak.	230	940	11,700	50.35	12.35	-14.2	-13.8	+1.2	-9.6
Ohio	25,100	74,300	2,374,000	94.55	31.95	(9/)	+1.8	(9/)	+52.9
Okla.	4,600	(6/)	67,500	14.60	---	---	-26.4	---	+12.4
Oreg. 7/	4,000	(6/)	222,000	55.40	---	---	---	---	---
Pa.	28,000	35,900	2,115,000	75.55	59.00	+.8	+1.0	+1.5	+7.9
R. I.	3,500	9,200	233,000	66.70	25.30	-8.7	-15.8	+36.7	+34.4
S. C. 5/	740	880	28,100	38.20	31.80	-2.2	-2.3	-29.1	-17.3
S. Dak.	300	1,000	10,100	34.20	9.95	+5.8	-1.0	-9.3	-3.6
Tenn.	1,600	4,500	51,900	33.20	11.65	+83.8	+16.6	+71.1	+25.3
Tex. 10/	9,500	(6/)	245,000	---	---	---	---	---	---
Utah	840	970	56,400	67.35	58.25	+23.5	+5.3	+28.0	+32.0
Vt. 10/	700	(6/)	17,000	---	---	---	---	---	---
V. I.	160	170	6,500	39.85	37.75	+1.8	+2.5	-18.0	-14.1
Va.	3,000	6,800	165,000	54.20	24.45	-14.6	-6.7	+10.5	+10.6
Wash.	6,200	10,800	520,000	83.30	48.15	+3.0	-5.7	+7.2	+5.7
W. Va.	1,700	2,900	78,900	46.00	27.30	+2.3	-.5	+17.8	+26.3
Wis.	4,400	11,900	513,000	117.40	43.15	+6.2	+57.5	-14.9	+31.4
Wyo.	260	880	17,200	67.35	19.65	+4.8	+8.2	+15.1	+7.2

1/ All data subject to revision.
2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count includes an estimate for States not reporting such data. Excludes Idaho, Indiana, Kentucky, Nebraska, and Puerto Rico; data not available.
3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
4/ About 12 percent of this total is estimated.
5/ Partly estimated.
6/ Data not available.
7/ Represents data for June; July data not reported.
8/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services.
9/ Estimated for June.
10/ Estimated on basis of reports from sample of local jurisdictions.

Table 11. General assistance: Recipients and payments to recipients for selected cities

Table 11. General assistance: Recipients and payments to recipients for selected cities, July 1967[1]

(Excludes vendor payments for medical care and cases receiving only such payments)

City	Number of--		Payments to recipients			Percentage change from--			
	Cases	Recipients	Total amount	Average per--		June 1967 in--		July 1966 in--	
				Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total, 14 cities 1/..	77,700	146,000	$6,575,000	$84.60	$45.00	+10.9	+5.8	+25.1	+22.1
Baltimore.....	6,600	7,400	542,000	81.55	72.95	-.9	-1.4	-8.4	-8.1
Boston.....	3,200	4,200	319,000	100.15	75.15	+3.7	-.6	+42.3	+42.4
Buffalo 2/.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
Chicago.....	13,300	30,300	1,480,000	111.15	48.90	+2.8	+5.5	+23.8	+25.4
Cincinnati 2/.....	5,000	16,100	375,000	75.05	23.25	-3.4	+.7	-2.8	+4.4
Cleveland 2/.....	7,200	20,300	628,000	87.40	30.90	+1.4	-1.2	+67.3	+98.0
Detroit.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
District of Columbia.....	940	1,000	81,200	86.60	80.60	-.8	-1.8	+.1	+10.4
Los Angeles 2/.....	15,900	28,000	1,123,000	70.80	40.10	+33.6	+.3	+102.4	+67.3
Milwaukee 2/.....	2,500	6,200	210,000	82.80	34.15	+10.0	-.6	-.9	-21.2
Minneapolis.....	1,300	4,300	111,000	82.95	25.70	+47.8	-1.3	+20.6	-18.0
New Orleans.....	820	870	43,700	53.50	50.05	+.5	+.1	+3.6	-1.2
New York.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
Philadelphia.....	7,800	11,600	654,000	83.70	56.15	+.8	+.8	+14.7	+21.2
Pittsburgh 2/.....	7,700	8,600	595,000	77.15	68.90	+.1	-.3	-13.7	-9.3
Rochester.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
St. Louis.....	1,800	2,200	117,000	65.70	53.15	-5.5	-2.3	+10.9	+6.6
San Francisco.....	3,600	4,800	294,000	82.00	61.75	(3/)	(3/)	-1.5	+34.5

1/ Data not reported for Buffalo, Detroit, New York and Rochester.
2/ Data for county in which city is located.
3/ Data not reported by San Francisco in June 1967.

Tabel 12. Proportion of population receiving public assistance money payments (recipient rates), by State, June 1967[1]

[Excludes recipients receiving only vendor payments for medical care. All data subject to revision]

State	Recipients of old-age assistance per 1,000 population aged 65 and over	Recipients of aid to the blind per 100,000 population aged 18 and over	Recipients of aid to the permanently and totally disabled per 1,000 population aged 18-64	Children receiving aid to families with dependent children		Recipients of general assistance per 1,000 population under age 65
				Per 1,000 population under age 18	Per 1,000 population under age 21	
United States average..	109	66	5.7	52	46	2/ 4.1
Ala.	385	84	8.1	43	38	(3/)
Alaska	199	79	3.1	33	30	2.5
Ariz.	102	75	6.5	51	45	3.5
Ark.	300	154	10.8	39	34	.6
Calif.	176	4/ 102	10.4	84	74	2.4
Colo.	214	18	6.8	57	50	2.1
Conn.	23	14	3.2	42	37	4.5
Del.	42	106	2.9	55	49	6.1
D. C.	32	38	9.4	69	63	1.4
Fla.	101	67	6.8	55	49	(5/)
Ga.	283	117	12.0	43	38	1.3
Guam	134	20	1.5	19	17	.6
Hawaii	43	17	3.9	47	42	3.4
Idaho	58	25	7.0	31	27	(5/)
Ill.	35	27	5.1	52	46	5.1
Ind.	41	50	.9	20	18	(5/)
Iowa	69	59	1.4	34	30	3.2
Kans.	67	28	4.6	35	31	2.6
Ky.	189	127	8.1	61	53	(5/)
La.	447	117	11.8	61	54	2.0
Maine	92	37	4.8	44	39	7.1
Md.	29	15	5.2	57	50	2.6
Mass.	82	65	4.6	49	44	3.5
Mich.	53	28	3.6	39	35	6.7
Minn.	67	38	4.0	32	29	5.2
Miss.	364	178	18.2	81	70	.8
Mo.	163	4/ 133	6.7	54	47	3.0
Mont.	58	40	3.8	27	24	4.6
Nebr.	53	44	4.2	31	27	(5/)
Nev.	99	57	---	32	29	1.7
N. H.	56	56	1.8	17	15	3.8
N. J.	21	20	2.3	43	38	6/ 5.4
N. Mex.	149	64	9.7	63	56	.7
N. Y.	36	26	3.7	85	75	9.1
N. C.	107	152	8.5	45	39	.9
N. Dak.	69	22	5.5	28	25	2.0
Ohio	74	45	3.8	39	35	7.5
Okla.	292	97	14.3	78	68	(5/)
Oreg.	53	39	4.8	41	35	(5/)
Pa.	36	128	3.9	51	44	3.4
P. R.	152	76	10.6	108	96	(5/)
R. I.	47	20	6.5	67	59	12.9
S. C.	125	124	6.9	20	17	.4
S. Dak.	71	28	4.0	39	34	1.6
Tenn.	134	74	7.6	51	44	.7
Tex.	253	64	2.0	20	17	(5/)
Utah	64	24	6.7	40	35	.8
Vt.	94	41	5.9	34	30	(5/)
V. I.	160	39	2.2	53	47	3.7
Va.	33	41	2.9	26	22	2.0
Wash.	86	27	5.7	39	34	3.9
W. Va.	65	55	5.8	111	95	1.8
Wis.	38	23	2.0	27	23	3.0
Wyo.	76	26	5.1	28	25	3.0

1/ Based on civilian population as of July 1, 1967; estimated by the Bureau of the Census.
2/ Based on data for 44 States. See footnote 5.
3/ Less than 0.05.
4/ Includes recipients of payments made without Federal participation. Recipient rates excluding these recipients are as follows: California 101 and Missouri 113.
5/ Number of persons aided not currently available.
6/ Includes an unknown number of persons receiving medical care, hospitalization, and burial only.

Table 13. Old-age, survivors, disability, and health insurance, summary benefit data

Table 13. Old-age, survivors, disability, and health insurance, summary benefit data, July 1967

CASH BENEFITS AWARDED AND IN CURRENT-PAYMENT STATUS

Type of beneficiary	Benefit awards		Benefits in current-payment status			Amount of benefits paid 1/ (in thousands)
	Number	Average amount	Number	Average amount	Monthly rate (in thousands)	
Total monthly beneficiaries	283,354	---	23,295,854	---	$1,685,276	$1,770,623
Retired workers and dependents	133,925	---	14,964,725	---	1,138,617	1,176,289
Retired workers	92,580	$88.97	11,819,998	$85.06	1,005,432	1,034,875
Wives and husbands 2/	26,872	42.86	2,632,835	44.14	116,203	122,657
Children 3/	14,473	37.51	511,892	33.17	16,981	18,757
Disabled workers and dependents	55,453	---	2,060,795	---	141,872	160,532
Disabled workers	25,271	102.24	1,145,663	98.24	112,547	125,729
Wives and husbands 2/	7,135	36.73	225,704	34.22	7,723	9,273
Children 3/	23,047	33.57	689,428	31.33	21,602	25,530
Survivors of deceased workers	80,249	---	5,539,108	---	379,787	407,778
Widowed mothers	8,787	68.94	487,511	65.44	31,903	35,237
Children 3/	42,368	63.39	2,317,250	62.17	144,058	158,025
Widows and widowers 4/	28,845	77.78	2,700,453	74.51	201,221	211,676
Parents	249	87.86	33,894	76.87	2,606	2,840
Persons with special age-72 benefits 5/	13,727	---	731,226	---	24,999	26,024
Primary	12,781	---	708,089	34.73	24,595	25,585
Wives	946	---	23,137	17.47	404	438
Lump-sum death payments 6/	95,175	223.58	---	---	---	19,818

1/ Exceeds monthly rate of benefits in current-payment status because of the inclusion in initial payments of amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Includes wives under age 65 with entitled children in their care; a total of 359,000 such wives of retired and disabled workers were in current-payment status.
3/ Includes disabled persons aged 18 and over whose disability began before age 18.
4/ Includes widows and divorced wives aged 60-61 entitled under the 1965 amendments.
5/ Represents benefits authorized by Public Law 89-368(1966) for certain persons aged 72 and over who are not insured under the regular or transitional insured-status provisions of the Social Security Act.
6/ Number of lump-sum payments shown were paid on the accounts of 88,640 deceased workers; the average amount represents average per deceased worker.

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JUNE OF SELECTED YEARS, 1940 TO DATE

U.S. DEPARTMENT OF
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